HOMECHOICE
HOMECHOICE PRO
APD Systems



Software version 10.4

Patient At-Home Guide

Baxter

The HOMECHOICE

and HOMECHOICE PRO

APD Systems

Patient At-Home Guide

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Section 1

Glossary

1 Glossary

1.1 Terms Used in This Guide

of Day Exchanges

The number of CAPD manual exchanges performed using an **UltraBag** or **TwinBag** system. If no manual exchanges are performed on a given day, enter a zero (0). The maximum number of manual exchanges allowed is five (5).

Abdomen

The central part of your body where organs such as the stomach, intestines and liver are found.

Abdominal Fullness

A patient's feeling of fullness, sometimes referred to as "overfill" or "overfull." This feeling can come from increased intraperitoneal volume (IIPV), or can come from eating a large meal, constipation, or abdominal masses. See also IPV and IIPV.

Air Infusion

Air in the patient line delivered to the peritoneal cavity. Air infusion can cause shoulder and/or abdominal pain and may lead to serious injury.

Aseptic Technique

The practice of cleanliness when preparing, connecting, and disconnecting your peritoneal dialysis therapy. For example, thoroughly washing and drying your hands.

Automated Peritoneal Dialysis (APD)

APD is any form of peritoneal dialysis that is performed by a mechanical device, known as a cycler. Treatment settings are programmed on the cycler and are performed automatically, generally while you sleep.

Before you go to sleep, you attach the tubing and solution bags to the cycler. You then connect the tubing to your transfer set attached to your catheter. The cycler then performs the peritoneal dialysis by automatically delivering the prescribed Fills, Dwells, and Drains of each therapy cycle throughout the night.

Blood Pressure, Diastolic

The bottom number of your blood pressure (mmHg) reading. It measures when your heart relaxes.

Blood Pressure, Systolic

The top number of your blood pressure (mmHg). It measures when your heart pumps blood.

Bypass

An option you can select to move on to the next phase of your peritoneal dialysis cycle. Bypass can only be selected when ***STOP*** is pressed. Check with your dialysis center to learn when it is safe to bypass. Some therapy or alarm conditions can not be bypassed.

Cassette

The clear rectangular plastic piece of the disposable set that is inserted behind the door of the cycler.

Catheter (PD Catheter)

The tube placed in the abdomen that is used to deliver dialysis solution to the peritoneal cavity and drain solution from the peritoneal cavity.

Contamination

The presence of foreign material, such as bacteria, that makes a sterile substance non-sterile and potentially harmful.

Continuous Ambulatory Peritoneal Dialysis (CAPD)

With CAPD, the blood is being cleaned continuously, both day and night. The dialysis solution passes from a plastic bag through the catheter and into the peritoneal cavity. The solution stays in the peritoneal cavity with the transfer set closed. After several hours, the solution is drained into a disposable bag. Then the peritoneal cavity is refilled with fresh solution through the catheter to begin the cleaning process again. This is a manual type of peritoneal dialysis (PD) and does not use a cycler. See **UltraBag (or TwinBag)**.

Continuous Cycling Peritoneal Dialysis (CCPD)

CCPD is a form of APD. It is a continuous therapy in which a cycler performs exchanges while you sleep. Dialysis solution can be left in the peritoneal cavity during the daytime, or it can be completely drained before ending the treatment (referred to as Nocturnal Intermittent Peritoneal Dialysis, or NIPD).

Current UF

See Ultrafiltration (UF).

Cycle (Exchange)

In peritoneal dialysis, a cycle consists of three phases: a Fill phase, a Dwell phase, and a Drain phase. Every APD therapy contains one or more cycles.

Cycler

A medical device that performs peritoneal dialysis solution exchanges in regular cycles. Your *HomeChoice* or *HomeChoice Pro* APD system device is a cycler.

Day Fills

The amount of solution the system delivers to your peritoneal cavity for a daytime exchange. During the Dwell phase of a daytime exchange, you can disconnect from the cycler and have the freedom to conduct your normal daytime activities. The daytime exchanges are a part of Hi-Dose therapy. See also Hi-Dose CCPD/Hi-Dose Tidal.

Day Fill Volume

The volume of fluid to be delivered to your peritoneal cavity during each day cycle. The appropriate volume of fluid is determined by your physician.

Dextrose

A form of sugar that is an ingredient in most of the solutions used for peritoneal dialysis. The dextrose draws extra fluid from the body into the dialysis solution.

Dialysis

The process of removing waste from the blood artificially using special equipment. The two major forms of dialysis are hemodialysis and peritoneal dialysis. See also Peritoneal Dialysis (PD).

Dialysis Solution

Fluid used to remove wastes from the blood. Hemodialysis and peritoneal dialysis use different forms of solution. Both solutions have compounds found in the body.

Disconnect Cap

A povidone-iodine solution-filled cap that is placed over the connectors on the transfer set or the connector on the patient line of the disposable set. **FlexiCap**, **OptiCap**, and **MiniCap** are disconnect caps.

Disposable Set

A package containing the organizer, cassette and tubing attached to the cassette that is used during APD. Solution bags are attached to the tubing. Once tubing and solution are prepared for dialysis, the tubing connects to your catheter. The disposable set is used only once.

Drain/Full Drain

The removal of the dialysis solution from your peritoneal cavity. Depending on the time of day and type of therapy, the amount of fluid drained may be a complete Drain or a partial Drain (Tidal therapy).

The volume of fluid is measured in milliliters (mL). One liter is equal to 1000 milliliters.

Drain Bag

The optional bag into which fluid from your peritoneal cavity drains.

Drain Line Extension

An optional extension line that attaches to the drain line of the disposable set. This extra length allows you to drain into a shower, tub, or toilet.

Drain Manifold

An optional part that allows you to connect two drain bags to the one drain line.

Drain Volume

The volume of a Drain after a Dwell cycle.

Dry Day

Any day where no fluid remains in the peritoneal cavity when the APD therapy begins. This may be due to not performing a Last Fill or manually draining without refilling prior to the next treatment.

Dry Weight

Your weight after a dialysis session when all of the extra fluid in your body has been removed.

Dwell and Dwell Time

The amount of time the fluid remains in your body during each cycle. Dwell Time or Dwell is part of the therapy cycle.

Effluent

The used dialysis solution drained from the body as part of an exchange.

End-Stage Renal/Kidney Disease (ESKD/ESRD)

The point where your kidneys no longer function enough to sustain life. Requires dialysis or a kidney transplant.

Exchange

The process of draining used solution from the abdomen and filling the abdomen with new solution.

Face Mask

A mask covering the nose and mouth. A face mask helps to prevent bacteria from contaminating the sterile components of the disposable set, solution bags, and PD catheter.

Fill Volume

The volume of fluid to be delivered to your peritoneal cavity during each cycle. The appropriate volume of fluid is determined by your physician.

First Fill

The first Fill cycle of your therapy following an Initial Drain (I-Drain).

Fluid Overload

Too much fluid in the body. This is caused by more fluid going into your body than is coming out. Fluid overload can be dangerous to your heart.

Flush / Flush before Fill

The process by which the system pumps a small amount of dialysis solution from the supply bags to the drain line after the supply line connections have been made. This helps reduce potential contamination of dialysis solution and/or the fluid path before Fill.

Hi-Dose CCPD / Hi-Dose Tidal

The goal of Hi-Dose therapy is to provide a 24-hour therapy that combines conventional nighttime therapies, such as CCPD or Tidal, with additional daytime exchanges. This may help improve the adequacy of your dialysis treatment.

During the Dwell phase of each Hi-Dose exchange, you can disconnect from the cycler and have the freedom to conduct your normal daytime activities.

High Drain

A message displayed by the system that indicates you had a large Drain volume. You may have experienced increased intraperitoneal volume (IIPV) during your previous therapy.

Hypothermia

A body temperature that is below normal.

Increased Intraperitoneal Volume (IIPV)

This condition is when there is more fluid in your abdomen than was prescribed. This condition is sometimes called “overfill.” IIPV could result in a feeling of abdominal discomfort, serious injury, or death. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65.

Initial Drain (I-Drain)

The Drain that occurs at the beginning of each therapy, before the first regular Fill.

I-Drain Alarm

A programmable alarm that is set to the minimum amount of Drain volume expected during the Initial Drain.

I-Drain Time

The amount of time that must be spent in Initial Drain before transitioning to the next therapy phase due to an empty detection condition. This only applies to Low Fill Mode therapies.

I-Drain Volume

The amount of fluid drained from the peritoneal cavity during Initial Drain.

Intermittent Peritoneal Dialysis (IPD)

A form of peritoneal dialysis in which dialysis sessions take place two to four times a week, 12 to 20 hours per session. The dialysis solution is drained completely at the end of the session and the peritoneal cavity remains empty between the sessions.

Intraperitoneal Volume (IPV)

The amount of fluid in the peritoneal cavity at a given point in time.

Last Fill Concentration

The strength of dialysis solution used for the Last Fill before the end of treatment. This solution may be different from the solution strength used during the night therapy. The Last Fill solution stays in your abdomen during the day as prescribed by your nephrologist.

Last Fill Volume

The amount of fluid that is delivered to your peritoneal cavity at the end of your treatment and left in the peritoneal cavity during the day.

Last Manual Drain

This term is used in two ways:

- When it appears while programming your therapy, the Last Manual Drain setting allows you another opportunity to drain more fully in the event that insufficient ultrafiltration (UF) volume has been achieved. Once you set Last Manual Drain to Yes, there are two additional settings to program: UF Target (mL) and Alarm (Yes/No).

  The LOW UF alarm functionality is enabled when Last Manual Drain is set to Yes. If you or your nurse sets Last Manual Drain to Yes, the system stops therapy and sounds a LOW UF alarm at the end of the last Drain if the UF Target volume has not been achieved. The UF Target should be programmed based on the minimum expected UF volume for the entire therapy. The alarm can be silenced (displayed only) by setting Alarm to No, or it can be turned on by setting Alarm to Yes.

- When it appears after therapy has been completed, it refers to the amount of fluid drained using the Manual Drain option after a Last Fill.

Low Fill Mode

This mode is available only to patients whose Fill volumes are less than 1000 mL. These patients typically weigh less than 44 lbs (20 kg).

In Low Fill Mode, the Drain logic has lower alarm limits for Slow Flow and No Flow. A Minimum Drain Time must be set, in addition to a Minimum Drain Volume. The CAUTION: NEGATIVE UF alarm and CAUTION: POSITIVE UF alarm can be set when in this mode. Low Fill Mode must be used with the Low Recirculation Volume Set.

Low Recirculation Volume APD Set with Cassette (Low Recirculation Volume Set)

A disposable set with a 7.5-foot (2.9-meter) patient line made with a smaller inside diameter tubing than the other lines in the set. This reduces the fluid flow to patients using Low Fill Mode. The internal recirculation volume of this set is 17 mL.

Manual Exchange

An exchange that you do without a cycler. See Continuous Ambulatory Peritoneal Dialysis (CAPD) and **UltraBag (or TwinBag)**.

Minimum Drain Volume (mL)

A calculated value used to determine the minimum amount of Drain Volume expected during each of your day or night drains. It is the Minimum Drain Volume Percentage multiplied by the Fill Volume.

Minimum Drain Volume Percentage

A programmed therapy value that determines what minimum percent of the Fill Volume is expected to be drained.

Night Concentration 1

This is the concentration of the primary solution bag placed on the heater pan.

Night Concentration 2

This concentration is for the supply solutions that may be different from the heater bag solution.

Nite (Night) Therapy Time

The total amount of time you will be connected to the cycler during the night.

Nite (Night) UF

See Ultrafiltration (UF).

No Flow

This occurs when there is no measurable flow rate of solution. No Flow can reduce the Dwell Time and decrease the amount of effective dialysis time. This can be caused by a kink or closed clamp on one or more of the lines or by an empty bag.

Occluder

The occluder clamps the solution lines if a power failure occurs or when the cycler is off. This prevents any solution from being delivered to the patient. The occluder is located inside the door on the front of the cycler.

Organizer

The blue plastic piece that holds the tubing lines and connectors of the disposable set during preparation for therapy. The organizer hooks onto the door of the cycler.

Overfill

A feeling of fullness in the abdomen. This feeling can come from IIPV, or can come from eating a large meal, constipation, or abdominal masses. See also Abdominal Fullness, Intraperitoneal Volume (IPV), and Increased Intraperitoneal Volume (IIPV).

Patient Line Extension

An optional extension line that attaches to the patient line of the disposable set. This extra length allows you to be up to an additional 12 feet (3.7 meters) away from your cycler during therapy.

Peritoneal Cavity

The space around your internal organs inside the abdomen.

Peritoneal Dialysis (PD)

A form of dialysis that uses the lining of your abdomen, called the peritoneal membrane, as a filter to remove waste products from your body.

A tube known as a catheter is surgically placed through the wall of your abdomen. Dialysis solution flows from a bag through the catheter and into the peritoneal cavity. Waste products and excess fluids from your body pass from the blood through the peritoneal membrane and into the dialysis solution. The dialysis solution, now filled with waste, is then drained from the peritoneal cavity. This cycle may be performed multiple times.

Peritoneal dialysis can be performed with or without a cycler. See also Automated Peritoneal Dialysis (APD) or Continuous Ambulatory Peritoneal Dialysis (CAPD).

Peritoneal Membrane

The layer of tissue that lines your abdominal cavity. A membrane can act as a filter, allowing some particles to pass from one part of the body to another while not allowing others to pass. The peritoneal membrane is used as a filter during peritoneal dialysis.

Peritonitis
Inflammation of the peritoneal membrane, usually caused by infection.

Phase
Part of a cycle or exchange. Each exchange has three phases: Drain, Fill, and Dwell.

Positional Drainer
A patient who may increase Drain Volume by changing his/her position, or who drains best in one position.

Priming
To prepare for therapy, priming is the process the system uses to fill all tubing lines of the disposable set with solution. Priming removes air from the system.

Pro Card
The small electronic card that stores information about your treatment sessions and your system settings. This is used only with a *HomeChoice Pro* APD system.

Pushback
A small amount of fluid is pushed back from the cycler to the patient. This verifies that the patient line is not occluded when a Drain ends due to No Flow. This small amount of fluid is accounted for in your next Fill Volume.

Recovered I-Drain Volume
The amount of solution that did not drain during Initial Drain. This amount was drained by doing a Manual Drain during first Fill. This amount is not part of your ultrafiltration (UF) for this therapy.

Slow Flow
This occurs when the flow rate of solution is very slow. Slow Flow can reduce the Dwell Time and decrease the amount of effective dialysis therapy. This can be caused by a partial kink or closed clamp on one or more of the lines or by an empty bag.

Solution Bags
Bags that contain the prescribed dialysis solution for your therapy.

Standard Fill Mode (Standard Mode)

The Standard Fill operating mode is typically prescribed for patients with Fill volumes over 1000 mL. The Drain cycle Slow Flow alarm/move on threshold is 50 mL/minute and the Drain cycle No Flow alarm/move on threshold is 12 mL/minute.

System

The *HomeChoice* APD system and *HomeChoice Pro* APD system include the cycler, disposable set, solution bags, drain option, and Patient At-Home Guide. The *HomeChoice Pro* APD system also includes the Pro Card.

Tidal Drain Volume

The Tidal Drain Volume is used to determine the amount of Drain Volume expected during each Tidal drain. It is the Tidal Volume percent multiplied by the Fill Volume, then added to UF Per Cycle.

Tidal Peritoneal Dialysis (TPD)

Tidal dialysis is a form of APD where only a portion of the solution in your peritoneal cavity is drained and filled each cycle.

Tidal Volume

The volume of solution filled during each Tidal cycle.

Tidal Volume Percentage

The Tidal Volume expressed as a percent (%) of the Fill Volume.

Total UF

See Ultrafiltration (UF).

Total Volume

The Total Volume of dialysis solution for the entire course of therapy, including the Last Fill Volume.

Transfer Set

Tubing that connects the patient line on the disposable set or **UltraBag/ TwinBag** set to the catheter.

TwinBag

See **UltraBag**.

UF Per Cycle

See Ultrafiltration (UF).

UF Target

See Ultrafiltration (UF).

UltraBag (or TwinBag)

A twin-bag system for performing gravity-based (CAPD) peritoneal dialysis exchanges. See Continuous Ambulatory Peritoneal Dialysis (CAPD) and Manual Exchange.

Ultrafiltration (UF)

UF is the fluid removed from your body as a part of dialysis therapy. It is the difference between the total amount of fluid filled and the amount of fluid drained.

- **Current UF:** A status screen shown during Drain phases. It is the sum of the UF removed from your body for all cycles of a treatment, updated throughout the current Drain cycle. If this is a negative number, it means more fluid has been filled than the amount that has been drained for the current therapy.
- **Nite (Night) UF:** Same as Total UF, but displayed when the therapy type is set to Hi-Dose Tidal.
- **Total UF:** This term is used in two ways:
  - When it appears while programming or reviewing the currently programmed Tidal therapy, it represents the expected total ultrafiltration for the night portion of the therapy, as determined by your clinician. When divided by the number of night cycles, this is used to calculate the UF Per Cycle.

  - When it appears during or at the end of your therapy, it represents the sum of the UF removed from your body for all cycles of a treatment, updated at the end of each Drain cycle. If this is a negative number, it means more fluid has been filled than the amount that has been drained for the current therapy, as of the end of the most recent Drain cycle.

- **UF Per Cycle:** The extra amount that will be drained in each Tidal Drain cycle in addition to the Tidal Volume, based on the programmed Total UF or Nite UF and the calculated number of cycles.
- **UF Target:** The minimum amount of UF that you are trying to drain. See Last Manual Drain.

Universal Precautions

Universal precautions refers to the practice, in medicine, of avoiding contact with patients' bodily fluids, by means of wearing nonporous articles such as medical gloves, goggles, and face shields.

Uremia

A condition in which waste products (such as urea) build up in the blood when the kidneys are not working properly. Someone who has uremia may experience nausea, weakness, weight loss, memory problems, and/or trouble sleeping.

Weight

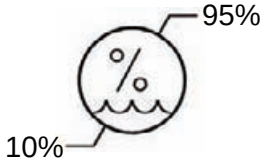
Your current weight, in pounds (LB) or kilograms (KG). The system uses this value to verify portions of your therapy settings are properly programmed. If you have a *HomeChoice Pro* APD system with a Pro Card or modem, this information is sent to your clinician to help monitor your therapy.

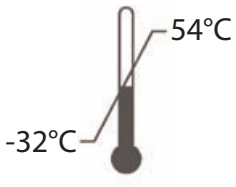
Wet Day

Any day that you keep fluid in your peritoneal cavity throughout the day with day exchanges and/or a Last Fill delivered by the cycler.

1.2 Symbols Used on the *HomeChoice* and *HomeChoice Pro* APD Systems

	Alternating current
	Type B applied part
	Date of manufacture
	Serial number
	Fuse – Replace only with same type and rating
	Recovery / Recyclable
	Crossed-out wheeled bin: ■ Do not dispose of this product as unsorted municipal waste. ■ Collect this product separately. ■ Use collection and return systems available to you. Bar below bin: ■ Product brought to market after August 13, 2005.
IPX1	Ingress protection: ■ Not protected against ingress of solid foreign objects. ■ Protected against ingress of vertical dripping water.
	Contains rechargeable battery

NONSPILLABLE BATTERY 	Nonspillable lead-acid battery is recyclable
	Canadian Standards Association – Meets applicable requirements for the U.S. and Canada.
	**Manufacturer:** Baxter Healthcare Corporation McGaw Park, IL 60085 USA
	Mains Power (Off) / Mains Power (On)
	Fragile
	Humidity limitation for transport and storage
	Keep dry
	Stacking limit; do not stack more than 5 high

	Temperature limitation for transport and storage
	This way up
	WARNING or CAUTION: Consult accompanying documents. Read all instructions before using.

Section 2

User Assistance Information

2 User Assistance Information

This information is important. Keep this information available at all times.

2.1 Personal and Cycler Information

Name:
Patient ID Number:
Cycler Serial Number:
Cycler Model Number:

2.2 Numbers to Call for Assistance

For Baxter Technical Assistance contact:	**24-HOUR TECHNICAL ASSISTANCE 1-800-553-6898**
Dialysis Center:	
Name:	
Phone:	
Times Available:	

Other Important Information:

Section 3

Warnings and Cautions

3 Warnings and Cautions

3.1 Side Effects and Contraindications

Baxter's *HomeChoice* APD system and *HomeChoice Pro* APD system are not designed, sold, or intended for use except as indicated. See 4.1, *Indications for Use*.

The *HomeChoice* and *HomeChoice Pro* APD systems (referred to in this guide as the "system") are not intended to be a substitute for monitoring the patient's overall condition by trained and qualified personnel.

3.2 Warnings

⚠ WARNING

Warnings are related to things that can cause harm to you.

READ ALL INSTRUCTIONS BEFORE USING THIS CYCLER!

3.2.1 Treatment

⚠ Use aseptic technique to reduce the chance of infection:

- When you connect yourself to the cycler
- When you disconnect yourself from the cycler
- Any time you handle fluid lines and solution bags

Contaminating any part of the fluid path may result in peritonitis, serious patient injury, or death. Peritonitis is an inflammation of the peritoneal membrane, usually caused by infection.

⚠ Caregivers should use universal precautions when handling effluent dialysis solution or contaminated disposables. Failure to use universal precautions can result in infection or injury to the caregiver.

⚠ All therapies using the system must be prescribed and performed under the responsibility of a nephrologist who is familiar and well-informed about peritoneal dialysis. Improper use of the system can result in serious patient injury or death.

⚠ Do not change the settings for your therapy unless directed by your nephrologist or nurse. Using incorrect settings can cause symptoms and signs of uremia, including fluid overload. This can lead to serious injury or death.

⚠ Contact your dialysis center if:

- You did not complete your treatment
- You skipped your prescribed Last Fill
- You bypassed one or more Drain phases during the course of your treatment
- Other conditions occur, as instructed by your dialysis center

Too many incomplete or skipped treatments can cause reduced Dwell or Therapy Time. This can lead to uremia.

⚠ After priming, do not connect to your patient line unless the fluid level is at or near the connector at the end of the disposable set patient line. Connecting when air is present will result in sterile air being delivered during the first Fill if there was no Initial Drain. Air introduced into your peritoneal cavity can cause shoulder and/or abdominal pain and may lead to serious injury.

⚠ Conditions that can cause poor catheter drainage include:

- Constipation
- Fibrin accumulation
- Blockage of the catheter lumen or drainage holes with fibrin, blood clots, or intestines
- Kinking of the catheter
- Movement of the catheter to the upper portion of the peritoneal cavity

Contact your dialysis center if you are experiencing poor drainage.

3.2.2 Treatment – Overfill / IIPV

SYMPTOMS OF IIPV

⚠ Overfilling or not draining enough can result in excess fluid in the abdomen, also known as increased intraperitoneal volume (IIPV). IIPV is an inherent risk of peritoneal dialysis. While some people may not exhibit symptoms, most commonly observed symptoms include:

- Feeling full, bloated, or overfull
- Abdominal pain or discomfort
- Expanded or tense abdomen
- Vomiting or spitting-up
- Difficulties feeding
- Localized swelling around the PD catheter exit site, belly button, groin region, or genital area
- Leakage of fluid from the PD catheter exit site
- Difficulty breathing
- A child complaining of a “funny feeling” in the abdomen
- A child crying
- Unexpected increase in blood pressure

⚠ IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

➤ **NOTE:** Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

CAUSES OF IIPV

IIPV can occur because of one or more of the following reasons.

⚠ Failure to use Low Fill Mode for patients whose Fill volumes are less than 1000 mL may result in IIPV. These patients typically weigh less than 44 lbs (20 kg). The Negative UF Limit should not be raised above 50% and the Minimum Drain Volume % should not be lowered below 85% (the default values).

⚠ Programming the Initial Drain Alarm too low may result in IIPV. The system may move on to the first Fill before you are completely drained if:

- Your last therapy left you with more than your normal Last Fill Volume
- You did not perform a Manual Drain
- A Slow Flow condition occurs before you are completely drained

If the I-Drain Alarm setting is programmed too low, then temporarily increase it or perform a Manual Drain to make sure that your Initial Drain is complete.

⚠ Programming the Minimum Drain Volume % too low may result in IIPV. This can cause your Drain cycles to end early.

⚠ Programming the Day Fill Volume, Night Fill Volume, or Last Fill Volume too high may result in IIPV. This can cause you to be overfilled if the volume is not appropriate for your body's size.

⚠ For Tidal therapies, programming Total UF volume too low may result in IIPV. This can cause a gradual buildup of UF volume during the therapy.

⚠ Programming Last Manual Drain to NO, or programming the UF Target for the Last Manual Drain too low may result in IIPV. This can cause an incomplete last Drain.

⚠ Pressing ***STOP*** and ***GO*** (to reduce noise) during successive Tidal Dwell cycles may result in IIPV. This can reduce the volumetric accuracy of the device over the course of treatment.

⚠ After a power failure during Prime, pressing the ***GO*** button to start therapy without closing all clamps first may result in IIPV. This can cause a free flow of fluid from one bag to another and/or to the patient during the time when LOAD THE SET is displayed.

⚠ Opening the door during an alarm or System Error without closing all clamps first may result in IIPV. This can cause a free flow of fluid from one bag to another and/or to the patient.

⚠ Connecting the transfer set to the patient line before CONNECT YOURSELF appears on the display screen may result in IIPV. This can cause air to be delivered to your peritoneal cavity, which can cause IIPV if you had fluid in your peritoneal cavity prior to the Initial Drain.

⚠ At the start of Fill 1, opening the patient line clamp after a CHECK PATIENT LINE alarm or CHECK YOUR POSITION alarm appears on the display screen without first initiating a Manual Drain may result in IIPV. This can cause air to be delivered to your peritoneal cavity, which can cause IIPV if you had fluid in your peritoneal cavity prior to the Initial Drain.

⚠ Pressing ***GO*** at the end of therapy before all clamps are closed when CLOSE ALL CLAMPS appears on the display screen may result in IIPV. This can cause a free flow of fluid from one bag to another and/or to the patient.

⚠ Opening the door at the end of therapy before all clamps are closed may result in IIPV. This can cause a free flow of fluid from one bag to another and/or to the patient.

⚠ Bypassing any Drain phase, including Initial Drain, Day Drain, or Night Drain, may result in IIPV. This can cause the system to deliver a full Fill in addition to any fluid left in the peritoneal cavity.

⚠ Bypassing the alarms DRAIN NOT FINISHED, LOW UF, or LOW DRAIN VOLUME may result in IIPV. This can cause the system to deliver a *full* Fill in addition to any fluid left in the peritoneal cavity.

⚠ Bypassing CAUTION: NEGATIVE UF alarms may result in IIPV. This can cause the system to deliver a *partial* Fill in addition to any fluid left in the peritoneal cavity.

⚠ Stopping or bypassing a Manual Drain performed during Fill may result in IIPV. This can cause the system to deliver a full Fill in addition to any fluid that might have been left in the peritoneal cavity due to one of the potential IIPV reasons listed above.

⚠ Poor catheter drainage can lead to incomplete draining of dialysis solution and ultrafiltrate from the peritoneal cavity and may result in IIPV. Conditions that can cause poor catheter draining include:

- Constipation
- Fibrin accumulation
- Kinking of the catheter
- Movement of the catheter to the upper portion of the peritoneal cavity

WHAT TO DO IF IIPV IS SUSPECTED

If IIPV is suspected, please do the following:

1. Press ***STOP*** immediately, then press ▽and initiate a Manual Drain. The Manual Drain procedure is located below. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.
2. Once the fluid is completely drained from the abdomen, call your nephrologist.
3. Call your nephrologist immediately if you have ANY complaints or symptoms of IIPV including, but not limited to, those listed above.
4. For assistance in performing the above steps, call the Baxter Customer Service line which is available 24 hours a day, 7 days a week at 1-800-553-6898, Prompt 1.
5. If you are unable to reach your dialysis center, nephrologist, or the Baxter Customer Service Line, and you or the patient are experiencing symptoms of IIPV, call 911 immediately or go to the nearest Emergency Room.

Steps to perform a Manual Drain	Display screen
The current FILL phase appears on the display screen.	FILL 3 OF 5
1. Press ***STOP.***	STOPPED: FILL
2. Press ▽.	FILL VOLUME: ML
3. Press ▽.	TOTAL UF: ML
4. Press ▽.	BYPASS
5. Press ▽.	CHANGE PROGRAM
6. Press ▽.	MAKE ADJUSTMENTS

Steps to perform a Manual Drain *(continued)*	Display screen
7. Press ▽.	MANUAL DRAIN
8. Press ***ENTER.*** The display screen shows the Drain volume. The system continues to drain until flow is no longer detected.	DRAINING: ML
9. Press ***GO*** to return to therapy.	
10. Reinitiate a Manual Drain if it is stopped during Fill.	

3.2.3 Supplies – General

⚠ Use only Baxter Healthcare Corporation accessories, solutions, disposable sets, and supplies with your system. Baxter can not ensure that the dialysis products of other manufacturers, when connected with Baxter's products, will function in a safe and satisfactory manner.

⚠ Make sure that you are able to complete all of your treatments as prescribed by your nephrologist:

- Order your supplies on time.
- Keep extra supplies on hand.
- Keep supplies for a manual exchange available.
- If your cycler can not begin or complete your treatment, or your APD supplies are not available, perform a manual exchange as instructed by your dialysis center.

Too many incomplete or skipped treatments can cause reduced Dwell or Therapy Time. This can lead to uremia.

3.2.4 Supplies – Solutions

⚠ Add medication to the solution only as prescribed by a physician. Failure to follow proper instructions can result in contamination. Adding the wrong dosage of medication can make your condition worse.

⚠ Check each solution bag to ensure:

- The solution is clear
- The solution matches the prescribed type
- The dextrose concentration is correct
- The volume of solution in the bag is correct
- The expiration date has not passed
- The pull ring and medication port are in place
- There are no leaks

If any problems are found, discard the bag and get a fresh dialysis solution supply bag. Using wrong or damaged bags can result in inadequate therapy or contamination of the fluid lines. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

⚠ Place the solution bags on a flat, stable surface. To prevent bags from falling, do not stack bags on top of each other. Falling bags can result in a disconnect or leak. Possible contamination of the fluid or fluid pathways can result if a fluid leak occurs. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

⚠ Do not use the dialysis solution if you think you may be allergic to any component of the solution. Check the labeling provided with your solution for details to reduce the potential of an allergic reaction.

⚠ The solution bag must be placed properly on the heater pan.

- Be sure that the bag completely covers the silver heater sensor button.
- Additional care should be taken when positioning small solution bags on the heater pan.
- If the solution bag is not placed properly, overheated or underheated dialysis fluid can be delivered.

⚠ Make sure the solution bag placed on the heater pan is big enough to hold the largest programmed Fill Volume plus a replenish buffer of at least 500 mL. Use of a smaller solution bag on the heater pan can cause the heater bag to be filled in excess of its designed volume. These bags heat slower and can burst.

⚠ When attaching your solution bags to your cycler and disposable set:

- Make sure the solution bags are connected to the proper lines on the organizer.

  If the solution bag connected to the line with the RED clamp is not placed on the heater pan, room temperature solution can be delivered. Room temperature solution is cooler than body temperature. If a patient is unconscious or asleep and therapy continues for many hours, hypothermia can develop.

- Make sure you use the correct dialysis solution.

  If the concentration or type of solution is different from your prescription, you may not receive the dialysis therapy you need. This may lead to an increase or decrease in the amount of fluid ultrafiltrated during the therapy. When performing a Tidal therapy, your intraperitoneal volume can increase or decrease if the volume ultrafiltrated does not equal the programmed Total UF.

- Make sure to connect enough bags of the right volume to deliver your prescribed Fill Volume.

  Multiple incomplete or skipped treatments can cause reduced Dwell or Therapy Time. This can lead to uremia.

⚠ Do not replace empty solution bags or reconnect disconnected solution bags during your therapy. Possible contamination of the fluid or fluid pathways can result. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

If a bag becomes disconnected during your therapy, follow the instructions in 15.6, *End Therapy Early Procedure*, on page 15-61. Notify your dialysis center.

⚠ For storage and preparation of the dialysis solution, follow the labeling instructions that come with the solution. Failure to follow the solution labeling instructions can lead to insufficient therapy or patient injury.

⚠ Discard the disposable set and all solution bags at the end of therapy. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

3.2.5 Supplies – Disposable Set

⚠ Before loading the disposable set, inspect the cassette and tubing for damage. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

- Inspect the flexible surfaces of the cassette for obvious signs of damage, including cuts, tears, or punctures.
- Ensure the tip protectors on the ends of the tubing are on and unbroken. If damage is found, obtain a new disposable set and repeat the inspection procedure.
- Tubing indentations can be present on disposable sets due to the flexible and supple nature of the tubing. Slight tubing indentations are cosmetic and will not likely have any impact on the functionality of the product.

⚠ Be sure to use the correct disposable set for your prescribed therapy. Using the wrong disposable set can result in an inadequate therapy.

⚠ Do not apply alcohol, hydrogen peroxide, or antiseptic containing alcohol to the disposable set or to the cassette interface inside the door of the cycler. Using these products can cause the cassette to develop cracks. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

⚠ Do not use the disposable set more than once. Discard after each use. Reusing the disposable set can increase the risk of contamination, which may result in peritonitis, serious patient injury, or death.

⚠ Check all disposable set connections for a secure fit before beginning your therapy. Make sure all clamps on unused fluid lines are closed securely. Contamination of any portion of the fluid path may result in peritonitis, serious patient injury, or death.

3.2.6 General

⚠ Leave an air gap (space) between the end of the drain line and any fluid in the drain or container when using a drain line extension. This prevents non-sterile fluid from flowing backwards up the drain line. Non-sterile fluid can contaminate the fluid path and may result in peritonitis, serious patient injury, or death.

⚠ Contamination of the fluid or fluid pathways can result if a pet or animal bites a solution bag or the disposable set. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death. To reduce this risk do not perform dialysis in the same room as pets or animals.

⚠ Verify the operation of the display screen before starting your therapy. If the display screen is not working correctly, it can display an inaccurate number. This can lead to insufficient therapy, serious patient injury, or death.

⚠ Verify the operation of the audible alarm before starting your therapy. If the audible alarm is not working, you will not be notified of an alarm situation. This can lead to insufficient therapy, serious patient injury, or death.

⚠ The modem must be Class II and approved to IEC/EN, CSA/UL 60950-1 with a TNV-1 circuit (accessible circuit is limited to 60Vrms). Using an unapproved modem may increase the risk of electrical shock.

⚠ Do not open the system cycler. Electrical circuitry inside can pose a shock hazard.

⚠ Unplug the system power cord from the wall outlet, or other AC power source, before cleaning the cycler. Failure to do so can cause an electric shock.

⚠ DO NOT use external heating sources (such as a microwave, stove, electric heating pad with an uncontrolled temperature gauge, or immerse in hot water) to warm solution bags. This can result in overheated solution delivered into your peritoneal cavity, causing patient injury. Dialysis solution should only be heated by the system cycler.

⚠ Do not connect any devices to the system other than those specified by Baxter as part of the system. Baxter can not ensure that the dialysis products of other manufacturers, when connected with Baxter's products, function in a safe and satisfactory manner.

⚠ The system should not be used next to, or stacked with, other electrical equipment. Such equipment may cause the cycler to operate incorrectly. However, if it is necessary to use the cycler close to other equipment, the cycler should be monitored to verify normal operation.

⚠ Do not attempt to operate the system in an explosive atmosphere (i.e., when gas is present). This is an explosion hazard and can cause personal injury or death to you or others, and damage to equipment.

⚠ Do not operate this product where the following are in use:

- Aerosol spray products
- Flammable anesthetic agents
- Nitrous oxide
- Oxygen-enriched environment (for example, oxygen tent)

Operating this device in these environments can cause an explosion or fire.

⚠ Do not use this product outdoors. Outdoor use can increase the risk of shock to you or others or damage the device, which can result in serious injury or death.

⚠ Do not use electrical nerve stimulation pain management devices while performing your dialysis therapy. Some of these devices, when used at the same time as the system, have been shown to cause damage to the cycler and to the cassette. Baxter can not ensure that the cycler will function in a safe and satisfactory manner when damaged. Damage to the cassette can lead to air infusion into the peritoneal cavity. Air infusion can cause shoulder and/or abdominal pain and may lead to serious injury.

⚠ Do not turn on or use hand-held personal communications devices, such as mobile two-way radios or cellular phones, near the cycler. Use of these types of devices can cause the cycler to malfunction. However, cordless phones up to 2.5 GHz are permitted. Follow the recommended separation distance chart, Table 16-4 on page 16-8 in Section 16, *Technical Data*, if a hand-held device must be used.

⚠ Do not operate this product if it:

- Has a damaged cord or plug
- Is not working properly
- Has been dropped or damaged
- Has been dropped into water

If the cord or plug is damaged, replace only with a Baxter approved cord replacement. Do not attempt to repair the cord or plug yourself.

Baxter can not ensure that a cycler will function in a safe and satisfactory manner under these conditions.

Return the product to Baxter Technical Assistance for examination and repair if damage occurs. Contact Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1. Baxter Technical Assistance is available 24 hours a day for system users.

⚠ To reduce the risk of burns, electrocution, fire, or injury to persons:

- Close supervision is necessary when this product is used by, on, or near children or those unable to care for themselves.
- Use this product only for its intended use as described in this guide.
- Do not use attachments, products, or supplies not recommended by Baxter.
- Keep the power cord away from heated surfaces.
- Do not use while bathing or otherwise while using water.
- Do not place or store product where it can fall or be pulled into a tub or sink.
- Do not place in or drop into water or other liquid.
- Do not reach for the cycler if it has fallen into water. Unplug it right away.

3.3 Cautions

⚠ CAUTION

Cautions are related to things that can damage the *HomeChoice* and *HomeChoice Pro* APD systems.

⚠ The cycler you are using may be the property of Baxter Healthcare Corporation. Improper care or use may result in additional expense.

⚠ Wipe up any spills right away. This reduces the chance of moisture entering the cycler and causing a malfunction. This also reduces the chance of bacteria contamination or other unsanitary condition.

⚠ To prevent the cycler from falling, place it on a sturdy, stable nightstand or table large enough to hold the cycler and the solution bags. Falling can damage the cycler or cause personal injury.

⚠ If an extension cord is used, make sure the ampere rating of the system does not exceed the extension cord ampere rating.

- Use only heavy-duty extension cords rated at 1200 watts (10 amp for 115V systems).
- Use no more than one extension cord, with a length no greater than 12 feet (3.5 meters).
- The extension cord must have the third grounding wire that mates with the grounding plug on the system power cord.

Failure to follow this advice can result in excessive heating or fire.

⚠ Do not attempt to service the system yourself. Doing so can result in fire, burns, electrocution, other personal injury, or death. For servicing, contact Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1. Baxter Technical Assistance is available 24 hours a day for system users. A service manual for this product is not available.

Do not use chemical cleaning agents or aerosol spray cleaners. These products might damage the plastics or surface finishes. Use a small amount of mild soap and water on a damp cloth to wipe the exterior of the cycler. Because the system uses a disposable set, it does not need to be sterilized or disinfected between uses.

For product disposal (according to WEEE 2002/96/EC or other applicable regulations), please do the following:

- For more information on return, recovery, or recycling of this product, please contact Baxter Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1. Baxter Technical Assistance is available 24 hours a day for system users.
- Return this product to your dialysis center or to Baxter by calling Baxter Technical Assistance.
- Do not dispose of this product as unsorted municipal waste.
- Use the collection and return systems available to you.
- Follow your local guidelines for disposal of dialysis waste materials, and check with your local authorities if questions arise about the waste disposal regulations in your area.

Failure to follow disposal instructions can result in groundwater contamination or a fine.

3.4 Battery Precautions

The system cycler contains both a lead-acid and a lithium battery. The lead-acid battery is automatically checked and recharged during the system operation. The batteries require no periodic maintenance.

There is danger of explosion if either battery, located within the system cycler, is incorrectly replaced.

In case replacement of either battery is needed, contact Baxter Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1.



Contains lead-acid and lithium batteries.
Must be recycled or disposed of properly.

Section 4

Indications for Use and System Description

Indications for Use and System Description

4

4.1 Indications for Use

Baxter's *HomeChoice* and *HomeChoice Pro* APD systems are intended for automatic control of dialysis solution exchanges in the treatment of pediatric and adult renal failure patients undergoing peritoneal dialysis.

⚠ WARNING

Read all warnings, cautions and instructions carefully before use. (Refer to Section 3, *Warnings and Cautions*.) Improper use of the *HomeChoice* or *HomeChoice Pro* APD system can result in serious patient injury or death.

CAUTION: Federal (U.S.A.) Law restricts this device to sale by or on order of a physician.

4.2 About This Guide

This Patient At-Home Guide provides instructions necessary for the proper operation of the *HomeChoice* or *HomeChoice Pro* APD system (the system).

This guide is meant to be used with and after your training on the system. It does not provide instructions for the prescription or administration of peritoneal dialysis.

This guide contains examples that show sample therapy values. The values for your therapy may vary.

4.2.1 Software Version

The system uses a software version number to identify the operating software installed on the cycler. This guide is only applicable to software versions that begin with 10.4XX, where XX can be any two digits. To find the software version on your cycler, see *Software Version* on page 10-10.

4.3 System Description

The following pages in this section describe the functions, components, and features of the system and the basics of Peritoneal Dialysis (PD).

You should learn the names of the system components, where they are located, and how they function before beginning to use the procedures in this guide.

4.4 Introduction to *HomeChoice* APD Systems

Baxter's *HomeChoice* and *HomeChoice Pro* APD systems are designed to provide Automated Peritoneal Dialysis (APD) therapy for pediatric and adult renal patients. Their Fill volumes can range from 60 mL to 3000 mL.

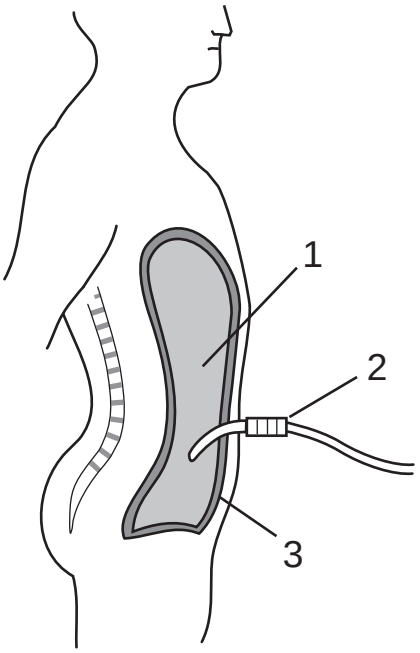
The *HomeChoice* and *HomeChoice Pro* APD systems are intended to be operated by:

- Home patients whose physicians have prescribed this system. Patients, or their caregivers, must have received adequate training to use the system.
- Clinicians who are using the system for patients under their care and under a prescription. Clinicians must have received adequate training to use the system.

Since drain and volume requirements vary among patients, both the *HomeChoice* and *HomeChoice Pro* APD systems have a choice of modes, either Standard Fill Mode (Standard Mode) or Low Fill Mode. The dialysis center selects the Fill mode for the patient before therapy begins.

4.5 Introduction to Peritoneal Dialysis (PD)

Peritoneal dialysis is a procedure that cleans and filters the blood. Peritoneal dialysis rids the body of unwanted waste and excess fluid, helps to control blood pressure, and maintains the proper balance of chemicals such as potassium, sodium, and bicarbonate in the body. This process of cleansing the blood uses the body's own peritoneal membrane as a filter. See Figure 4-1.



1. Peritoneal Cavity
2. Catheter
3. Peritoneal Membrane

Figure 4-1. Peritoneal Cavity

The basic steps of PD are the following:

1. Peritoneal dialysis always begins with an Initial Drain to remove existing fluid from the peritoneal cavity.
2. The peritoneal cavity is filled with fresh dialysis solution. Solution enters through a catheter that has been surgically placed through the wall of the abdomen and into the peritoneal cavity.
3. The solution is allowed to remain (Dwell) in the cavity for a period of time. During this time, waste products pass from the bloodstream through the peritoneal membrane and into the dialysis solution.

4. The used dialysis solution containing waste products and excess fluids, called effluent, is then drained from the peritoneal cavity.
5. The peritoneal cavity is then refilled with fresh solution to remain (Dwell) for another period of time.

The draining of used dialysis solution from the abdomen, followed by refilling with a fresh bag of solution, is known as a dialysis exchange.

4.5.1 Continuous Ambulatory Peritoneal Dialysis (CAPD)

With CAPD, the blood is always being cleaned. Dialysis exchanges are done manually three to five times a day. This type of peritoneal dialysis does not use an automatic cycler. This method can be used to continue your treatments if you are unable to use your cycler; for example, during a power failure.

Dialysis solution flows by gravity from a plastic bag through the catheter and into the peritoneal cavity. The solution stays in the peritoneal cavity with the transfer set closed. Dwell periods typically last four to six hours during the daytime, and up to eight hours overnight. After the Dwell period, the used solution is drained into a disposable bag. Then the peritoneal cavity is refilled with fresh solution to begin the cleaning process again.

4.5.2 Automated Peritoneal Dialysis (APD)

All peritoneal dialysis techniques that use a cycler to perform exchanges are referred to as Automated Peritoneal Dialysis (APD).

APD exchanges are usually referred to as cycles. Each cycle consists of three phases:

- Fill phase
- Dwell phase
- Drain phase

Treatment settings, such as the amount of solution to be infused and the length of time the solution remains in the peritoneal cavity, are programmed on the cycler. The cycler then automatically performs the treatment. In APD, the treatment settings can be modified to meet the needs of each patient.

There are four types of APD therapy:

- Continuous Cycling Peritoneal Dialysis/Intermittent Peritoneal Dialysis (CCPD/IPD)
- Tidal Peritoneal Dialysis (TPD)
- Hi-Dose Continuous Cycling Peritoneal Dialysis (Hi-Dose CCPD)
- Hi-Dose Tidal Peritoneal Dialysis (Hi-Dose TPD)

See Section 1, *Glossary*, for definitions of each of these therapies.

4.6 *HomeChoice* APD Systems Functions

The *HomeChoice* and *HomeChoice Pro* APD systems perform peritoneal dialysis by directing the flow of fluid between the solution bags, the cassette, your peritoneal cavity, and your drain option.

Once you have connected all solution bags and your drain option, and have connected yourself to the disposable set, you have created a fluid circuit. The system manages your PD by the following methods:

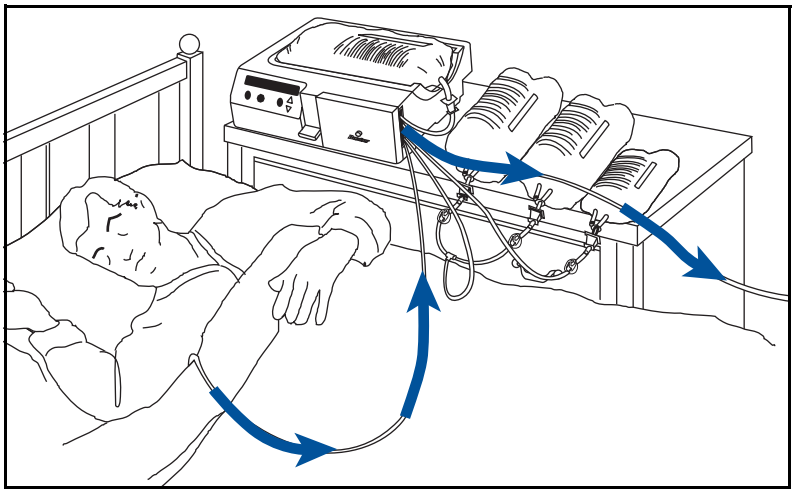
- With the cassette loaded in the cycler, the system is able to draw fluid into the cassette chambers by opening and closing the correct combination of valves on the cassette.
- The system measures the fluid in the cassette chambers. It then opens and closes the required valves on the cassette to move fluid to the correct destination. This allows the system to deliver the programmed Fill Volume to your peritoneal cavity with high accuracy.
- The measurements taken during the Drain cycle allow the system to calculate how much ultrafiltration (UF) was removed from your peritoneal cavity during each Drain cycle. These values are stored in the system so that you can view them at the end of your therapy.

4.6.1 Fluid Pathways: Drain, Fill, and Dwell

Fluid pathways change during the therapy. They are pictured below for the three main phases of therapy.

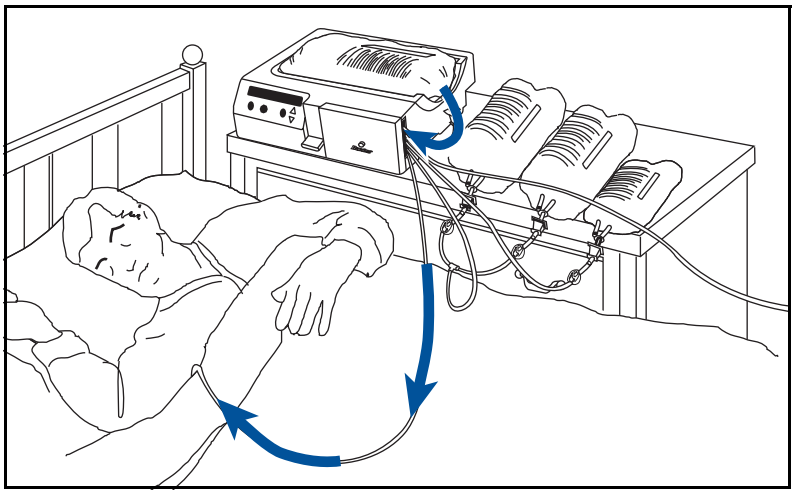
1. Drain

During the Drain phase, the system pulls fluid from your peritoneal cavity to the disposable cassette where it is measured. The fluid is then sent to the drain option. This process is repeated until the system determines you are empty. The system calculates the ultrafiltration for each Drain cycle.



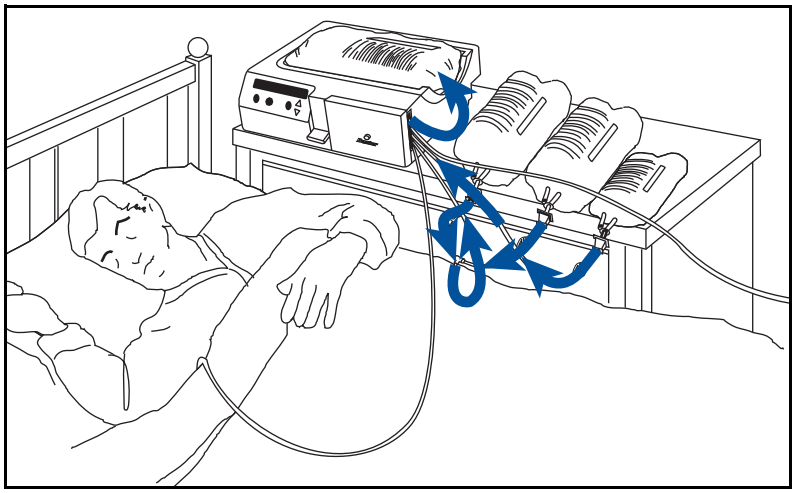
2. Fill

During the Fill phase, the system pulls fluid from the heater bag to the disposable cassette where it is measured. The fluid is then delivered to your peritoneal cavity. This process is repeated until the programmed Fill Volume has been delivered to your peritoneal cavity.



3. Dwell

During the Dwell phase, the system pulls fluid from the supply bags to the disposable cassette where it is measured. This fluid is then delivered to the heater bag to replenish the solution that was used during the previous Fill phase. This is done to warm the fluid in the heater bag to prepare for the next Fill phase.



4.6.2 Fluid Flow During Power Failure

If there is a power failure, all valves on the cassette close so there is no fluid flow. Valves remain closed as long as the door remains locked. See 15.9, *Power Failure*, on page 15-67 for complete instructions.

4.6.3 Situations When Fluid Lines are Not Controlled

There are three situations during the use of the system when the fluid lines are not clamped by the internal occluder (behind the door of the cycler) or not closed by the valves in the cassette.

All lines should be clamped when any of the following situations take place:

- When the door is open.
- During treatment setup when LOAD THE SET appears on the display screen.
- At the end of treatment when DISCONNECT YOURSELF alternating with CLOSE ALL CLAMPS appears on the display screen.

During these three situations, the system does not have control of the valves and fluid pathways. Therefore, solution can move freely between pathways. This can result in an increased intraperitoneal volume (IIPV) situation.

4.7 *HomeChoice* APD Systems Features

Features of the *HomeChoice* and *HomeChoice Pro* APD systems cycler include:

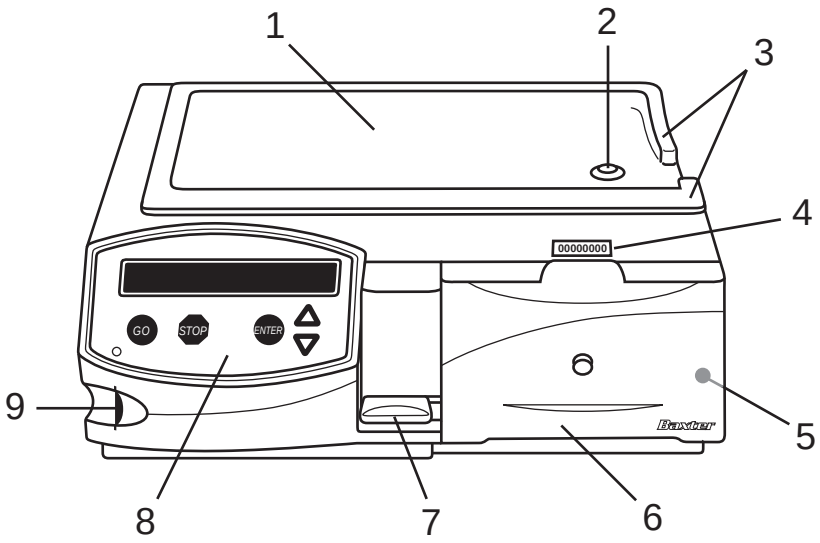
- The controls: an On/Off switch, and buttons for ***GO, STOP, ENTER,*** up arrow (△), and down arrow (▽).
- Prompts and directions lead you step-by-step through each setting, assuring you that each setting is correct.
- Audible alarms and signals alert you to check the display screen.
- The cassette, with attached fluid lines, fits into the cycler only one way so you always insert it correctly. Connections are color coded.
- Settings are changed or adjusted by following the prompts on the display screen and pressing the appropriate button.
- In the event that there is a problem, an alarm sounds and a message appears on the screen. Most situations can be corrected. If you can not correct the problem, call the phone number located in Section 2, *User Assistance Information*, for assistance.

4.8 *HomeChoice* APD Systems Description

There are two models of Baxter *HomeChoice* APD system cyclers described in this guide:

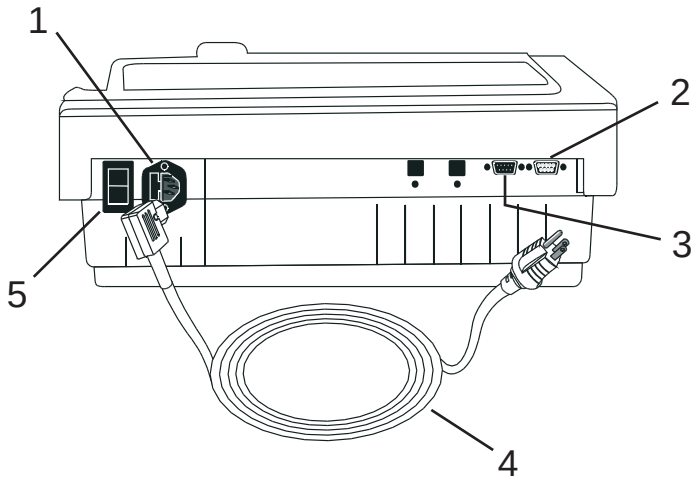
- *HomeChoice Pro* APD system cycler
- *HomeChoice* APD system cycler

4.8.1 The *HomeChoice Pro* APD System Cycler



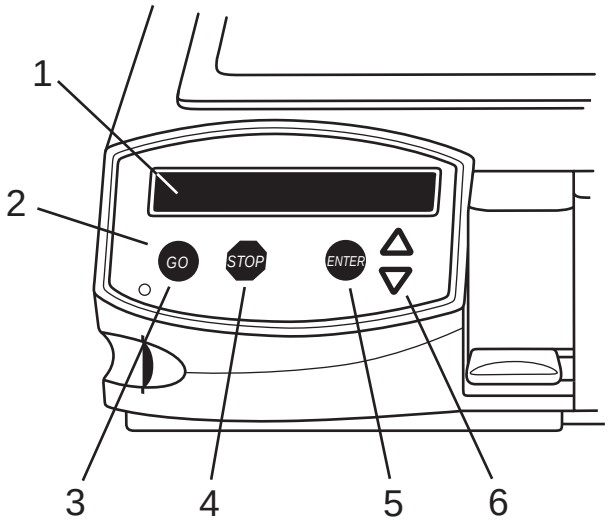
1. Heater Pan
2. Silver Heater Sensor Button
3. Bag Stops
4. Serial Number
5. Occluder (behind Door)
6. Door
7. Handle (shown in locked position)
8. Control Panel
9. Pro Card Port

Figure 4-2. Front and Top of the *HomeChoice Pro* APD System Cycler



1. Power Entry
2. J1 – Service Port
3. J2 – Modem Port
4. Power Cord
5. On/Off Switch

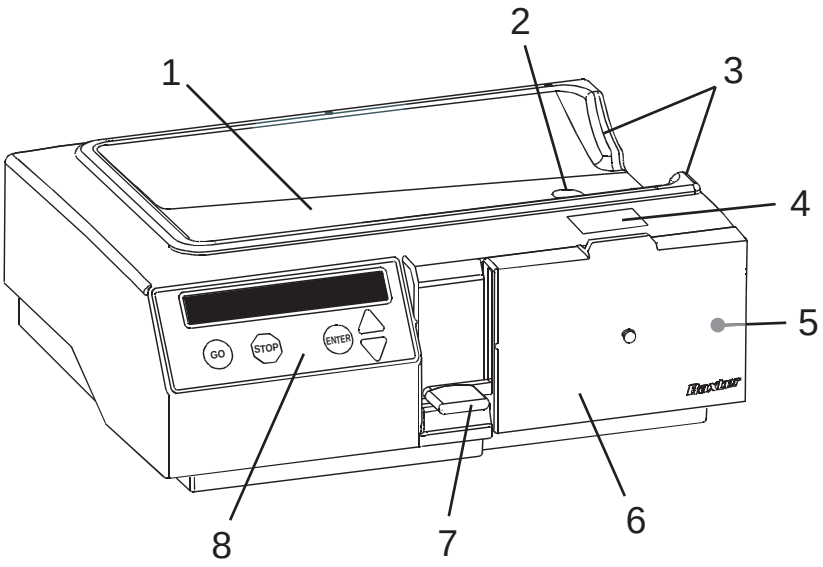
Figure 4-3. *HomeChoice Pro* APD System Back Panel



1. Display Screen
2. Control Panel
3. GO Button
4. STOP Button
5. ENTER Button
6. UP/DOWN Buttons

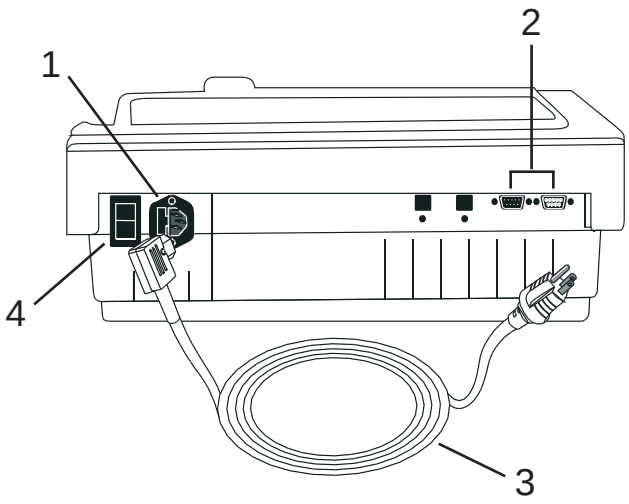
Figure 4-4. *HomeChoice Pro* APD System Display Screen and Control Panel

4.8.2 The *HomeChoice* APD System Cycler



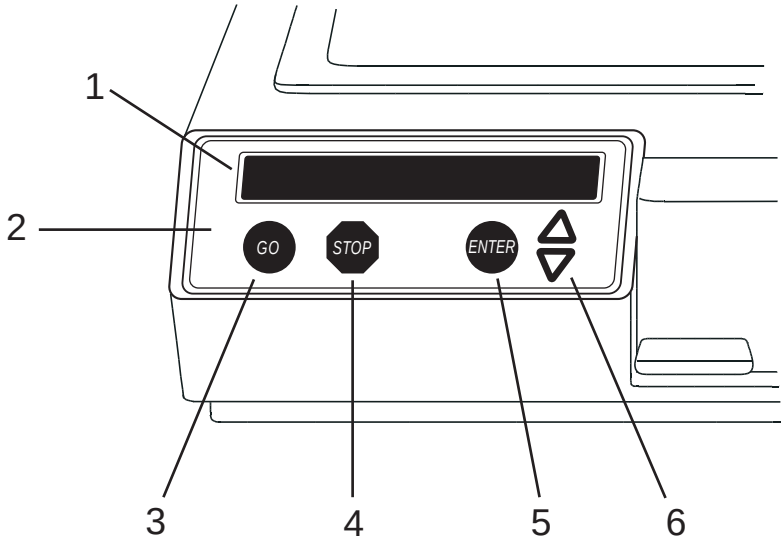
1. Heater Pan
2. Silver Heater Sensor Button
3. Bag Stops
4. Serial Number
5. Occluder (behind Door)
6. Door
7. Handle (shown in locked position)
8. Control Panel

Figure 4-5. Front and Top of the *HomeChoice* APD System Cycler



1. Power Entry
2. Service Ports
3. Power Cord
4. On/Off Switch

Figure 4-6. *HomeChoice* APD System Back Panel



1. Display Screen
2. Control Panel
3. GO Button
4. STOP Button
5. ENTER Button
6. UP/DOWN Buttons

Figure 4-7. *HomeChoice* APD System Display Screen and Control Panel

4.8.3 Control Panel Buttons

The general functions of the control panel buttons are described below.

GO Button



(Green)

Press the ***GO*** button to:

- Start or continue therapy
- Continue therapy after an alarm sounds
- Continue therapy after a daytime Dwell
- Acknowledge completion of a post-therapy task

STOP Button



(Red)

Press the ***STOP*** button to:

- Return to the previous menu
- Cancel a setting change
- Stop therapy
- Mute to silence an audible alarm

ENTER Button



(Blue)

Press the ***ENTER*** button to:

- View a secondary menu
- Edit a setting
- Accept an edited setting
- Move to the next field when editing the date or time

Up/Down Buttons



(Blue)

Press the up and down buttons to navigate menu items or increase or decrease settings that require changing.

4.9 Disposable Sets

Disposable sets have one of two types of connections:

- Luer
- Spike

The following disposable sets are available with either connection type:

- Automated PD Set with Cassette – 4 Prong
- Integrated APD Set
- Low Recirculation Volume APD Set with Cassette

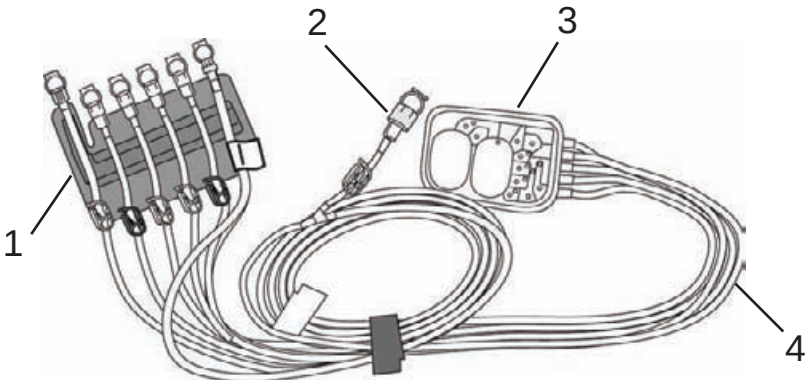
Your dialysis center determines which type of disposable set and connection you use.

Figure 4-8 and Figure 4-9 show a 4-prong Luer disposable set. Figure 4-10 and Figure 4-11 show a 4-prong spike disposable set. Your disposable set may look different.

The instructions in this guide apply to all disposable sets approved for use with the *HomeChoice* and *HomeChoice Pro* APD systems.

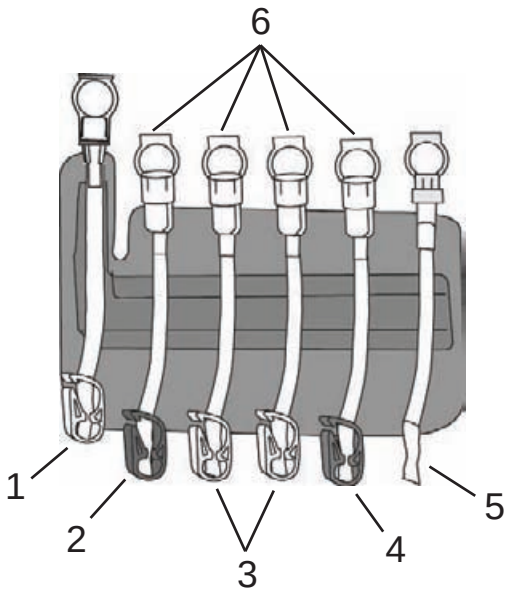
For instructions specific to the type of set you are using, refer to the package insert for your disposable set.

4.9.1 Luer Disposable Set



1. Organizer
2. Effluent Sampling Site
3. Cassette
4. Lines

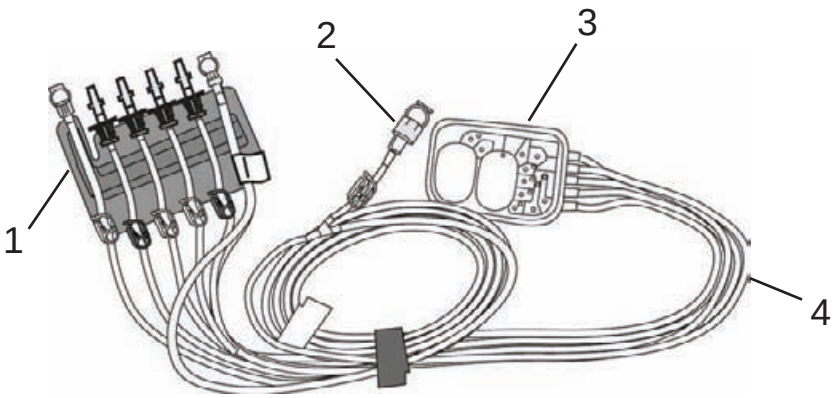
Figure 4-8. Luer 4-Prong Disposable Set



1. Patient Line
2. Final Line (Blue Clamp)
3. Supply Lines (White Clamps)
4. Heater Line (Red Clamp)
5. Drain Line
6. Luer Connectors

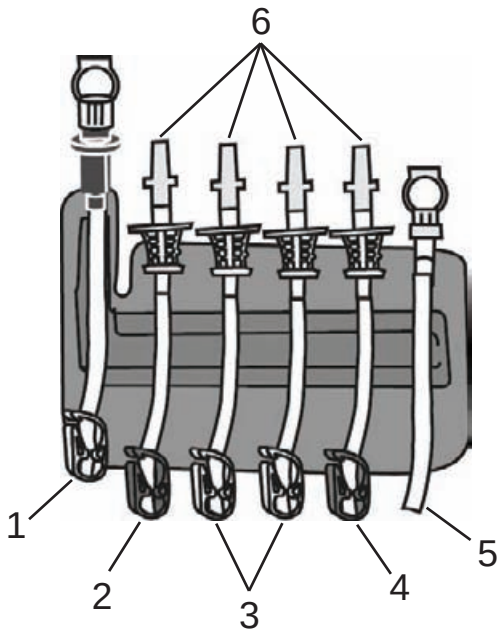
Figure 4-9. Luer 4-Prong Lines and Connectors

4.9.2 Spike Disposable Set



1. Organizer
2. Effluent Sampling Site
3. Cassette
4. Lines

Figure 4-10. Spike 4-Prong Disposable Set



1. Patient Line
2. Final Line (Blue Clamp)
3. Supply Lines (White Clamps)
4. Heater Line (Red Clamp)
5. Drain Line
6. Spike Connectors

Figure 4-11. Spike 4-Prong Lines and Connectors

4.10 *HomeChoice* APD System and *HomeChoice Pro* APD System Differences

The *HomeChoice* APD system and *HomeChoice Pro* APD system are the same in operation, except for the Pro Card and modem features that are only available with the *HomeChoice Pro* APD system. The Pro Card feature stores prescription and therapy data. The data can be transferred between your cycler and your clinician. The two systems use the same disposable sets and solutions. They perform the same therapies the same way.

Section 7, *Operating Instructions – Pro Card and Modem*, of this guide describes the Pro Card and modem features of the *HomeChoice Pro* APD system. All other sections apply to both the *HomeChoice* APD system and the *HomeChoice Pro* APD system.

Illustrations shown in the rest of this guide are of the *HomeChoice Pro* APD system; however, the instructions apply to both systems.

Section 5

Environmental Conditions

5 Environmental Conditions

5.1 Operating Conditions

The *HomeChoice* and *HomeChoice Pro* APD systems are designed for use in these conditions:

- Temperature between 59°F to 96.8°F (15°C to 36°C)
- Humidity between 15% and 85%
- Altitude of –1,100 ft to +10,000 ft (–340 m to +3,050 m)

5.2 Use While Traveling

The system is designed to be portable and to allow you to travel. To be sure that your therapies continue smoothly, contact your dialysis center about the following:

- When you will not be taking your supplies with you, arrange with your dialysis center well in advance of your trip. Your solution and disposable sets can be delivered to you at your destination.
- If you are traveling out of the region where you live, inquire about any emergency contact information that you will need.
- If you are traveling to another country, the solution bag connection method may be different. Your dialysis center can provide you with information about any differences in supplies and connection methods.
- Some regions of the world use different voltage levels, frequencies, and plug shapes. Ask your dialysis center about the use of approved plug adaptors. Also ask about step-up or step-down isolation transformers with a minimum rating of 500 watts (continuous). Use an isolation transformer if there is any doubt about the proper grounding of an electrical outlet.

- To avoid any interruption in your therapy during long trips, obtain the needed supplies for at least a full day's manual exchanges (CAPD). Perform manual exchanges if your cycler is lost or damaged in transit, or your supplies do not arrive on time.
- If you are transporting your system in a car, train, or airplane, talk to your dialysis center about the use of a protective case.

Section 6

Setup and Check-out

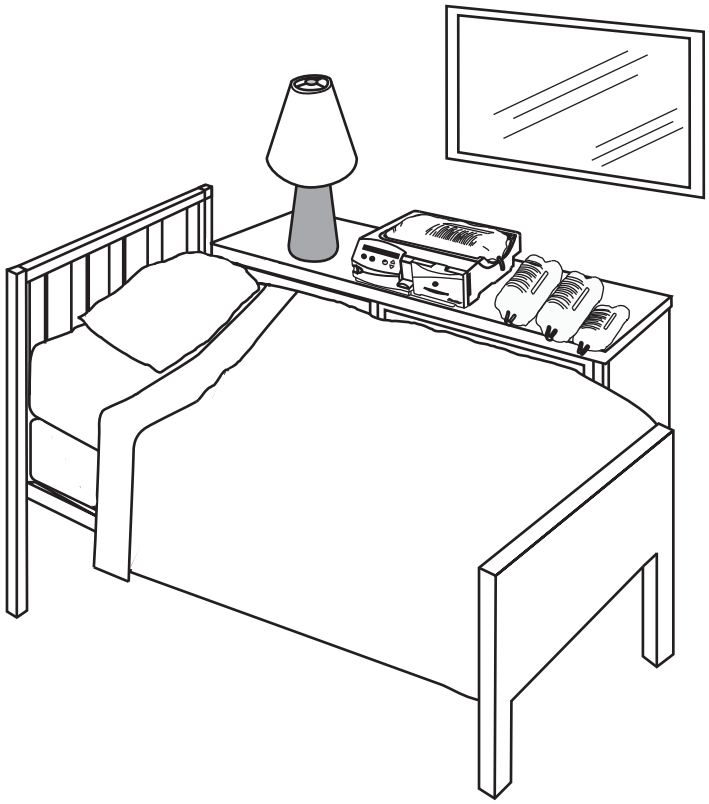
6 Setup and Check-out

Setup and check-out refers to installing the *HomeChoice* or *HomeChoice Pro* APD system (the system) in your home.

6.1 Check-out

1. Check the cycler for external damage. See 4.8, *HomeChoice APD Systems Description*, on page 4-8 for a description of the system and its components.
2. Verify that a power cord was included in the box and is undamaged. Do not attempt to repair the power cord yourself.
3. If you see any damage on the cycler or the cord is missing, contact Baxter Technical Assistance. See 2.2, *Numbers to Call for Assistance*, on page 2-1.

6.2 Set Up the System



Place the system cycler on a stable, clean, flat surface (table or nightstand) in a well-lighted area. The table should be large enough to hold the cycler and all of the solution bags. Make sure a **three-prong grounded outlet** is nearby. See 6.3, *Grounding Instructions*, on page 6-4 for warnings concerning the three-prong outlet.

Be sure the cycler is placed at the same height as you when you are lying in bed.

- To *decrease* the flow rate during Drain, raise the cycler by approximately 6 inches (15 cm).
- To *increase* the flow rate during Drain, lower the cycler by approximately 6 inches (15 cm).

WARNINGS

Do not place the cycler more than 12 inches (30 cm) higher or lower than you when you are lying in bed.

- **Placing the cycler more than 12 inches (30 cm) above your position can produce higher than normal flow rates during Fill and lower than normal flow rates during Drain. This can cause pain or discomfort during Fill and extend the duration of the Drain phase. This can result in a loss in Dwell Time or an increase in LOW DRAIN VOLUME alarms.**
- **Placing the cycler more than 12 inches (30 cm) below your position can produce higher than normal negative pressure during Drain if the peritoneal membrane is in contact with the catheter. This can cause pain, discomfort or, in extreme cases, peritoneal membrane damage.**

Place the solution bags on a flat, stable surface. To prevent bags from falling, do not stack bags on top of each other. Falling bags can result in a disconnect or leak. Possible contamination of the fluid or fluid pathways can result if a fluid leak occurs. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

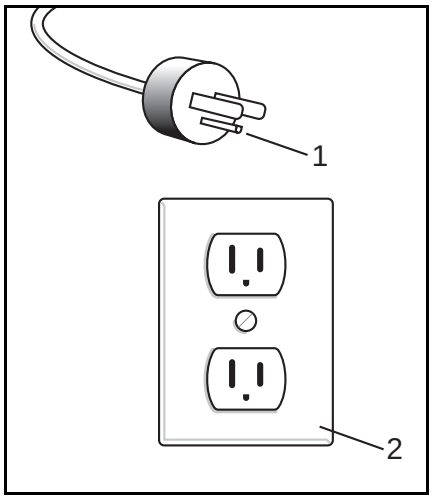
The system should not be used next to, or stacked with, other electrical equipment. Such equipment may cause the cycler to operate incorrectly. However, if it is necessary to use the cycler close to other equipment, the cycler should be monitored to verify normal operation.

6.3 Grounding Instructions

This product must be grounded. In the event of an electrical short circuit, grounding reduces the risk of electric shock by providing an escape wire for the electric current. This product is equipped with a cord that has a grounding wire with a grounding plug. The plug must be inserted into an outlet that is properly installed with a verified ground. Please contact your dialysis center for any questions concerning the outlet.

WARNINGS
⚠ **If you do not understand these grounding instructions or if you are not sure the system is properly grounded, contact a qualified service person. Improper use of the grounding plug can result in a risk of electric shock.**
⚠ **If you can not insert the power cord plug into the wall outlet, do not alter the plug. Contact an electrician to modify or replace the wall outlet.**

When the system is used on a 115V circuit, make sure that the plug is as shown at right.



1. Grounding Pin
2. Grounded Outlet Box

Section 7

Operating Instructions – Pro Card and Modem

Operating Instructions – Pro Card and Modem

7

7.1 Introduction

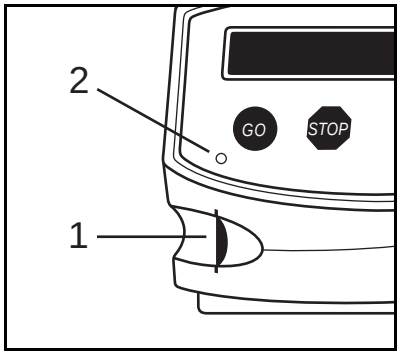
➤ **NOTE:** If your dialysis center does not use the Pro Card feature, skip this section and continue with Section 8, *Operating Instructions – Change Program*. The Pro Card feature can only be used with the *HomeChoice Pro* APD system.

Your *HomeChoice Pro* APD system has a computerized data transfer feature – the Pro Card.

During your initial training, your dialysis nurse or nephrologist showed you a small electronic data card that fits into your cycler. The Pro Card holds treatment information and is used by your dialysis center to automatically set up your therapy. The Pro Card also records information about each treatment.

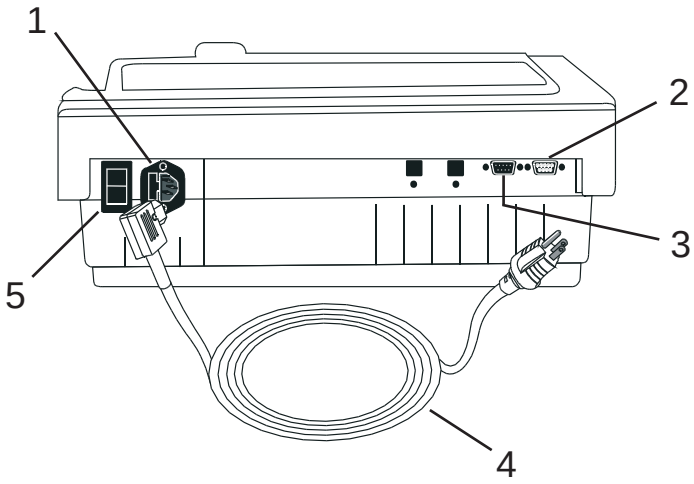
The Pro Card holds at least two months of treatment information. This feature provides information to your dialysis center to help improve your therapy.

You might also use a modem and a phone line to transfer Pro Card information to the dialysis center. See 7.4, *Install the Modem Option*, on page 7-16.



1. Pro Card Port
2. Indicator Light

Figure 7-1. Pro Card Port



1. Power Entry
2. J1 – Service Port
3. J2 – Modem Port
4. Power Cord
5. On/Off Switch

Figure 7-2. *HomeChoice Pro* APD System Back Panel

7.2 Using the Pro Card

At the time of your initial training, your nephrologist or nurse gave you a Pro Card. The Pro Card contains your personal therapy settings prescribed for you by your nephrologist or nurse.

Power off the *HomeChoice Pro* APD system and then insert your Pro Card. As you perform your therapy, treatment results are recorded to the Pro Card. This data provides your nephrologist or nurse with important information about your therapy.

➤ **NOTE:** The Pro Card must remain in the *HomeChoice Pro* APD system until you bring it with you to your next dialysis center visit.

7.2.1 Care and Handling of the Pro Card

The Pro Card is compact and durable. It is designed to be carried to and from your dialysis center. It must remain inserted in the *HomeChoice Pro* APD system at all other times.

Please follow these guidelines for handling your Pro Card:

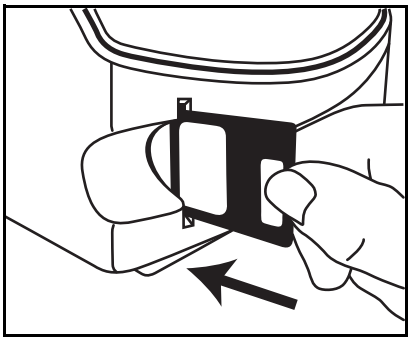
- Make sure that the main power switch of the system is OFF before you insert or remove the Pro Card.
- Do not use excessive force when you insert or remove the Pro Card from the port. The Pro Card slides easily into the Pro Card port.
- Do not insert anything other than your Pro Card into the Pro Card port.
- Do not bend the Pro Card.
- Always store the Pro Card in its case to transport it.
- Keep the Pro Card away from magnets.

7.2.2 Confirm Your Pro Card

When you return from a visit to your dialysis center with a new or reprogrammed Pro Card, you must verify that you have the correct card.

The following steps help you to confirm your name and patient ID.

➤ **NOTE:** Press ***STOP*** if a displayed item is not correct. CARD REJECTED appears. You must report this to your dialysis center and verify your therapy settings manually before proceeding with treatment. Press ***GO*** to proceed to PRESS GO TO START.

Steps to confirm your Pro Card	Display screen
1. With the cycler power OFF, insert the Pro Card into the Pro Card port.	
2. Turn on the system. Wait until the CONFIRM CARD message appears.	CONFIRM CARD
3. Press ***ENTER***. Your name appears.	(YOUR NAME)
4. Press ***ENTER***. Your patient identification number appears.	(YOUR ID#)
5. Press ***ENTER***.	

7.2.3 Confirm a New Therapy

CONFIRM NEW PROGRAM appears if the therapy settings on your Pro Card have changed. Press ***ENTER*** if the setting is correct.

The steps below show an example of a CCPD/IPD therapy. The steps taken to confirm HI-DOSE CCPD/IPD, TIDAL, or HI-DOSE TIDAL therapies are similar. Only the settings that changed appear.

➤ **NOTE:** Press ***STOP*** if a displayed item is not correct. PROGRAM REJECTED appears. You must report this to your dialysis center and verify your therapy settings manually before proceeding with treatment. Press ***GO*** to proceed to PRESS GO TO START.

Steps to confirm a New Therapy – CCPD/IPD example	Display screen
CONFIRM NEW PROGRAM appears if the therapy settings on your Pro Card have changed.	CONFIRM NEW PROGRAM
1. Press ***ENTER.***	THERAPY: CCPD/IPD
2. Press ***ENTER.***	TOTAL VOL: ML
3. Press ***ENTER.***	THERAPY TIME: HH:MM
4. Press ***ENTER.***	FILL VOL: ML
➤ **NOTE:** Your Fill Volume in milliliters (mL) is not allowed to exceed the values shown in Table 16-7 on page 16-19 for a given weight. Contact your dialysis center to reduce your Fill Volume if it exceeds the volume listed.	
5. Press ***ENTER.***	LAST FILL VOL: ML

Steps to confirm a New Therapy – CCPD/IPD example *(continued)*	Display screen
6. Press ***ENTER.*** Skip this step if the LAST FILL VOLUME = 0	DEXTROSE:
7. Press ***ENTER.***	MIN DRAIN VOL: %
8. Press ***ENTER.*** (This setting appears in Low Fill Mode only.)	MODE: LOW FILL
9. Press ***ENTER.*** (This setting appears in Low Fill Mode only.)	NEG UF LIMIT: %
10. Press ***ENTER.*** (This setting appears in Low Fill Mode only.)	POS UF LIMIT: OFF%
11. Press ***ENTER.***	PLEASE WAIT...
The system then calculates and briefly displays CYCLES and DWELL TIME. PROGRAM ACCEPTED then appears.	CYCLES: DWELL TIME: HH:MM PROGRAM ACCEPTED

➤ **NOTE:** PROGRAM REJECTED appears instead of PROGRAM ACCEPTED when the prescription on the Pro Card is not accepted. Your *HomeChoice Pro* APD system has additional features to reduce the risk of IIPV, which may reject previously valid prescriptions programmed on the Pro Card. If this occurs, contact your dialysis center to manually program your desired therapy and have the prescription on your Pro Card updated.

PRESS GO TO START appears when all information is confirmed, accepted, and saved by the *HomeChoice Pro* APD system. The system is then ready for you to begin your therapy. See Section 10, *Operating Instructions – Prepare for Therapy*.

➤ **NOTE:** If you make manual programming changes on your system after you confirm the program on your Pro Card, those changes are saved in a "swap" file on your Pro Card. The changes are also written in your treatment file. The cycler uses these new settings for your treatment. The original prescription remains unchanged on your Pro Card.

7.2.4 *HomeChoice Pro* APD System Prompts

The *HomeChoice Pro* APD system records information needed by your nephrologist or nurse, such as your weight, blood pressure, and day or manual exchanges. The system displays daily messages to prompt you to enter this information.

Three buttons are used to enter data: ***ENTER***, △ (up arrow), and ▽ (down arrow). The data entry menu only appears when you turn on the system.

Shown below are the basic steps for entering data in the entry prompts. The setting shown for each entry is zero (0) until you enter your data.

Basic steps for entering data	Display screen
1. Press ***ENTER*** when the data entry prompt appears. The zero setting is replaced with the previous day's data. The digits blink.	WEIGHT: 000.0LB (Digits blink)
2. Press △ and ▽ to adjust the setting.	WEIGHT: 160.0LB
3. Press ***ENTER*** to save the setting. The digits stop blinking.	WEIGHT: 160.0LB (Blinking stops)
4. Press ▽ to display the next data entry prompt.	BLOOD PRES: 000/000

Basic steps for entering data *(continued)*	Display screen
5. Continue entering data for each of the prompts by repeating Steps 2 through 4.	
6. Press ***STOP*** when all data is entered or to exit the data entry menu. PRESS GO TO START appears. Data that was entered is saved on the Pro Card along with data from the upcoming treatment.	PRESS GO TO START

➤ **NOTE:** To return to the *HomeChoice Pro* APD system data entry prompts, the system must be turned OFF and then back ON *before the therapy begins*.

7.2.5 Definitions of Data Entry Prompts

Table 7-1 on page 7-9 and Table 7-2 on page 7-10 list all the prompts available on the *HomeChoice Pro* APD system. See *Basic steps for entering data* on page 7-7.

➤ **NOTE:** Only those prompts selected by your dialysis nurse appear on your cycler.

Table 7-1. Definitions of Data Entry Prompts

Prompt	Display and Definition
Weight	WEIGHT: 0.0LB Your daily weight to the tenths place.
Blood Pressure	BLOOD PRES: 000/000 The systolic and diastolic numbers of your daily blood pressure.
Night Concentration 1	NIGHT CONC. 1: 0.00 This is the concentration of the primary solution bag placed on the heater pan. Available concentrations are: 4.25%, 2.5%, and 1.5%.
Night Concentration 2	NIGHT CONC. 2: 0.00 The second night concentration is for the supply solutions that may be different from the heater bag solution. Available concentrations are: 4.25%, 2.5%, and 1.5%.
Last Fill Concentration	LAST FILL CONC: 0.00 The Last Fill Concentration is for the last solution bag. The Last Fill Concentration may be different from the heater bag and other supply bag concentrations. Available concentrations are: **Dianeal** 4.25%, 2.5%, 1.5%, and **Extraneal**.

Table 7-2. Definitions of Manual Daytime Exchanges Prompts

Prompt	Display and Definition
# of Day Exchanges	`# OF DAY EXCHANGES:` The number of CAPD manual exchanges performed using an **UltraBag** or **TwinBag** system. If no manual exchanges were performed on a given day, a 0 (zero) is entered.
The following data items are repeated for each manual exchange. The *n* is a number from one to five to indicate the manual exchange for the data entered.	
Exchange Time n	`EXCH TIME n: 00:00AM` This is the time of day (AM/PM format) that the nth manual exchange was performed.
Day Drain n	`DAY DRAIN n:  0000ML` This is the volume of solution that the patient drained during the nth manual exchange. This volume must be measured and entered in mL.
Day Fill n	`DAY FILL n:  0000ML` This is the nth manual exchange Fill Volume in mL.
Day Concentration n	`DAY CONC. n:  0.00` This is the concentration of the nth manual exchange solution.

7.2.6 Remove Your Pro Card

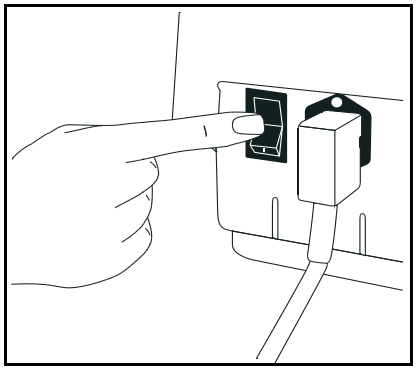
➤ **NOTE:** The Pro Card must remain in the *HomeChoice Pro* APD system until your next visit to your dialysis center.

When you visit your nephrologist or dialysis center, you are usually asked to bring the Pro Card with you.

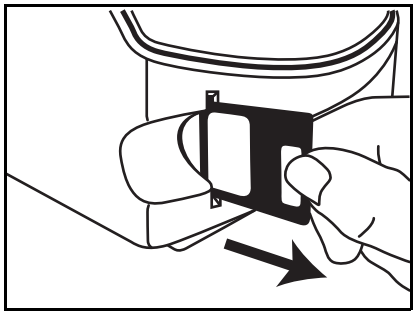
Follow the steps below to remove your Pro Card.

Steps to remove your Pro Card

1. Turn off the system.

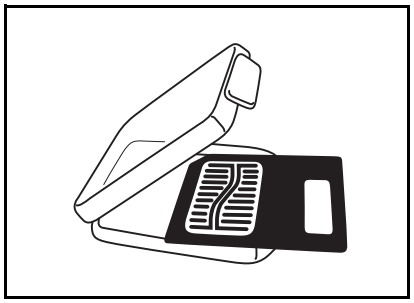


2. Slide the Pro Card gently out of the slot.



➤ **NOTE:** Do not bend the Pro Card.

3. Place the Pro Card in its case.



7.3 Display Messages

The Pro Card port has an indicator light located on the control panel directly above the port. See Figure 7-1 on page 7-2. This light can be green or yellow.

- Green means the card is fully inserted and working.
- Yellow means there is a problem with the Pro Card or card reader inside the cycler.

If there is a problem with the Pro Card or the card reader, the following messages can appear.

7.3.1 No Pro Card

Display Message:	NO PRO CARD
Indicator Light:	Flashing Yellow
Cause:	The Pro Card is not inserted when you turn on the device, or at the end of your therapy.
To Correct:	1. Turn the power switch OFF. 2. Insert the Pro Card and turn the power switch ON. The indicator light turns Green if the Pro Card is inserted correctly. **– OR –** 1. If you can not correct the problem, press ***GO*** to continue. No therapy information is recorded to the Pro Card. You must report this to your dialysis center.

7.3.2 Card Reader Disabled

Display Message:	CARD READER DISABLED
Indicator Light:	Off
Cause:	Your dialysis center disabled the Pro Card functions on your system.
To Correct:	1. Call your dialysis center to verify that your Pro Card is disabled. 2. Press ***GO*** to proceed to PRESS GO TO START.

7.3.3 Pro Card Full

Display Message:	PRO CARD FULL
Indicator Light:	Yellow
Cause:	The Pro Card is full of treatment information not read by your dialysis center.
To Correct:	1. Bring your Pro Card to your dialysis center. **– OR –** 1. Press ***GO*** to continue. Information for your next treatment is recorded. However, the oldest treatment record is deleted to make room for the latest treatment.

7.3.4 Invalid Pro Card, Program Not Valid

Display Message:	INVALID PRO CARD PROGRAM NOT VALID
Indicator Light:	Yellow
Cause 1:	The system found a problem with the Pro Card. Your *HomeChoice Pro* APD system has additional features to reduce the risk of IIPV, which may reject certain prescriptions previously programmed on the Pro Card. In this case, the system attempts to use the therapy stored on the cycler instead of the Pro Card. If no therapy is stored on the cycler, the default settings are used.
Cause 2:	The card may be blank, corrupted, or damaged.
To Correct:	1. Call your dialysis center to obtain a new card. **– OR –** 1. Press ***ENTER*** at the PROGRAM NOT VALID screen. 2. View the therapy settings in the CHANGE PROGRAM menu and MAKE ADJUSTMENTS menu to be sure the desired therapy values are programmed. You must verify your therapy settings manually with your dialysis center before you proceed with treatment. Any manual prescription programming must be done with your nephrologist or nurse's supervision, either directly or by telephone. Future treatment information will be lost until this problem is corrected.

7.3.5 Card Rejected, Program Rejected

Display Message:	CARD REJECTED PROGRAM REJECTED
Indicator Light:	Yellow
Cause:	You pressed STOP while confirming your Pro Card information or therapy information.
To Correct:	1. Call your dialysis center to verify your therapy information.

7.3.6 Card Reader Error

Display Message:	CARD READER ERROR
Indicator Light:	Yellow
Cause:	The system found a problem with the card reader inside the cycler.
To Correct:	1. Call Baxter Technical Assistance. See 2.2, *Numbers to Call for Assistance*, on page 2-1. 2. Press ***GO*** to proceed with your treatment. Future treatment information can be lost if the problem is not corrected.

7.4 Install the Modem Option

In addition to the Pro Card, your *HomeChoice Pro* APD system can also transfer therapy information via a phone line using a modem. If your dialysis center uses this option, you are given a modem to install with your system. Read the instructions that were provided with your modem for modem operation.

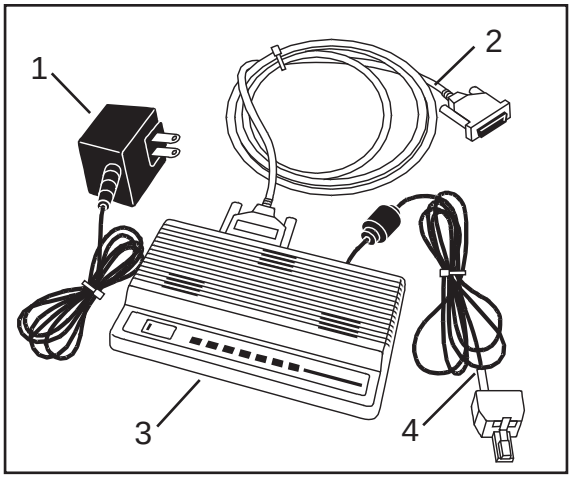
➤ **NOTE:** The modem must be Class II and approved to IEC/EN, CSA/UL 60950-1 with a TNV-1 circuit (accessible circuit is limited to 60Vrms).

➤ **NOTE:** The modem must be located at least 5 feet (1.5 meters) away from the patient.

Follow the steps below to install your modem.

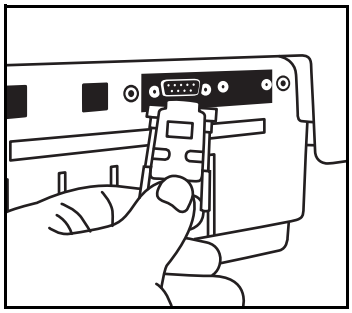
Steps to install your modem

1. Unpack the modem.



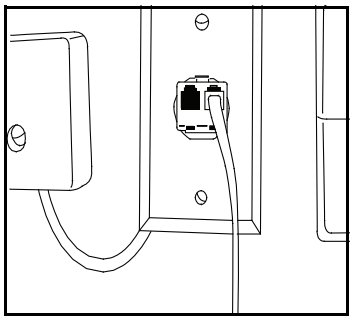
1. Power Adapter
2. Data Cable
3. Modem
4. Telephone Line with Double Connector for Wall Jack

2. Plug the data cable into the J2 Port, as shown.

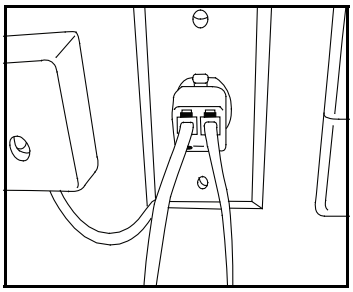


Steps to install your modem *(continued)*

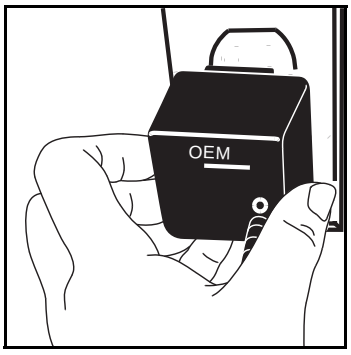
3. Unplug the telephone line from the wall jack.
4. Plug the double connector into the wall jack.



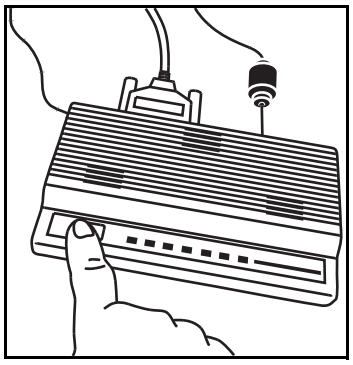
5. Plug the telephone line and modem line into the double connector.



6. Plug the modem power adapter into the wall outlet.



7. Turn modem power on.



7.4.1 Test the Modem Installation

After you install the modem, call your dialysis center to let them know you are ready to test your modem connection. If possible, use a different phone line to call the dialysis center, such as a cell phone.

A transfer of therapy information is initiated by the dialysis center. The center will then request that you put the system in the MODEM CONNECT mode.

Follow the steps below to test your modem connection.

Steps to test your modem connection	Display screen
1. Be sure the modem is installed properly and the modem power is turned on.	
2. Turn on the system.	PRESS GO TO START
3. Press ▽ until you see MODEM CONNECT. ➤ **NOTE:** MODEM CONNECT can not occur while your therapy is in progress.	MODEM CONNECT
4. Press ***ENTER***.	CONNECTING...
5. Hang up the telephone, if necessary, and allow the dialysis center to call back with their modem. The system automatically answers.	TRANSFERRING...
An error message, MODEM ERROR n appears if a problem occurs. Call Baxter Technical Service and report the Modem Error number. See 2.2, *Numbers to Call for Assistance*, on page 2-1. If an urgent need occurs to use the phone during the transfer, press ***STOP***. The transfer stops immediately and the telephone can be used.	MODEM ERROR n
6. When the transfer is complete, your telephone is available for use. You do not need to unplug the phone line.	PRESS GO TO START

Section 8

Operating Instructions – Change Program

8 Operating Instructions – Change Program

8.1 Introduction

CHANGE PROGRAM

This section contains information about reviewing and changing your prescribed treatment and system settings. This can be done at the CHANGE PROGRAM prompt.

Even if you have a Pro Card, you still need to learn how to manually change the settings on your *HomeChoice Pro* APD system. To program your system with your Pro Card, see Section 7, *Operating Instructions – Pro Card and Modem*.

8.2 About Your System's Settings

Your nephrologist prescribes your treatment and system settings. You view your prescription settings and other system settings on the display screen. Even though you may not have to change your settings, you may be asked for their values by your nurse or your nephrologist.

There are some settings available only to your dialysis nurse. The NURSE'S MENU allows your nurse to tailor the therapy to meet your special needs. Your dialysis nurse should refer to the ***HomeChoice* APD Systems Trainer's Guide** for information on programming those settings.

8.3 Manual Programming

To manually program your *HomeChoice* or *HomeChoice Pro* APD system (the system), press ▽ (down arrow) before you press ***GO*** to start your therapy. You can also review or change your settings during your therapy by pressing ▽.

⚠ WARNING

Do not change the settings for your therapy unless directed by your nephrologist or nurse. Using incorrect settings can cause symptoms and signs of uremia, including fluid overload. This can lead to serious injury or death.

8.3.1 Basic Steps for Manual Programming

Three buttons are used to manually review or change your therapy settings: ***ENTER***, △ (up arrow), and ▽ (down arrow).

Your dialysis center determines if you can change your therapy settings.

If your cycler program is locked, the display screen will say REVIEW PROGRAM instead of CHANGE PROGRAM.

See 8.4, *Therapy Type*, on page 8-7 and 8.5, *Therapy Settings*, on page 8-8 for definitions of the available setting options.

To change your settings when your cycler says CHANGE PROGRAM, follow the instructions in *Basic steps to change settings* on page 8-3.

➤ **NOTE:** The values used in the following steps are examples and not intended as recommended values.

Basic steps to change settings	Display screen
1. Press ▽ to change or review settings (*before* you press ***GO*** to start your therapy). **– OR –** Press ***STOP*** then press ▽ during your therapy.	PRESS GO TO START
2. Press ***ENTER*** to access the CHANGE PROGRAM menu. THERAPY is the first setting that appears.	CHANGE PROGRAM THERAPY: CCPD/IPD
3. If you do not want to change this setting, press ▽ to see TOTAL VOL (Total Volume).	TOTAL VOL: 15000ML
4. Press ***ENTER*** to change the setting, if needed.	TOTAL VOL: 15000ML (The option or value blinks)
5. Press △ and ▽ to change the value.	TOTAL VOL: 14000ML
6. Press ***ENTER*** to save the new value.	TOTAL VOL: 14000ML (Blinking stops)
7. Press ▽ to display # OF DAY FILLS. This setting only appears for Hi-Dose therapies. 8. Make changes, if needed, by following Steps 4–6.	# OF DAY FILLS:
9. Press ▽ to display DAY FILL VOL (Day Fill Volume). This setting only appears for Hi-Dose therapies. 10. Make changes, if needed, by following Steps 4–6.	DAY FILL VOL: ML

Basic steps to change settings *(continued)*	Display screen
11. Press ▽ to display THERAPY TIME. NITE THER TIME (Night Therapy Time) appears for Hi-Dose therapies. 12. Make changes, if needed, by following Steps 4–6.	THERAPY TIME: 8:00 NITE THER TIME: 8:00
13. Press ▽ to display FILL VOL (Fill Volume). NITE FILL VOL (Night Fill Volume) appears for Hi-Dose Tidal therapies. 14. Make changes, if needed, by following Steps 4–6.	FILL VOL: ML NITE FILL VOL: ML
15. Press ▽ to display TIDAL VOL (Tidal Volume). This setting only appears for Tidal therapies. NITE TIDAL VOL (Night Tidal Volume) appears for Hi-Dose Tidal therapies. 16. Make changes, if needed, by following Steps 4–6.	TIDAL VOL: % NITE TIDAL VOL: %
17. Press ▽ to display TOTAL UF. This setting only appears for Tidal therapies. NITE UF (Night UF) appears for Hi-Dose Tidal therapies. 18. Make changes, if needed, by following Steps 4–6.	TOTAL UF: ML NITE UF: ML
19. Press ▽ to display LAST FILL VOL (Last Fill Volume). 20. Make changes, if needed, by following Steps 4–6.	LAST FILL VOL: ML
21. Press ▽ to display DEXTROSE. This setting only appears if you use Last Fill. 22. Make changes, if needed, by following Steps 4–6.	DEXTROSE: SAME

Basic steps to change settings *(continued)*	Display screen
23. Press ▽ to display FULL DRAINS EVERY. This setting only appears for Tidal therapies. 24. Make changes, if needed, by following Steps 4–6.	FULL DRAINS EVERY: 3
25. Press ▽ to display WEIGHT UNITS. 26. Make changes, if needed, by following Steps 4–6.	WEIGHT UNITS: KG
27. Press ▽ to display PATIENT WEIGHT. 28. Make changes, if needed, by following Steps 4–6.	PATIENT WEIGHT: KG
29. Press ***STOP*** when the option or value is not blinking to exit Change Program.	

➤ **NOTE:** The following prompts appear if you do not change the value for Last Fill Volume:

- The system calculates the number of cycles. CYCLES appears briefly on the display screen.

  CYCLES:

- NITE CYCLES (Night Cycles) appears for Hi-Dose therapies.

  NITE CYCLES:

- Then the system calculates the Dwell Time. DWELL TIME appears briefly on the display screen.

  DWELL TIME: HH:MM

- NITE DWELL (Night Dwell) appears for Hi-Dose therapies.

  NITE DWELL:

In Tidal therapies, the system also calculates:

- TIDAL VOLUME

  TIDAL VOLUME: ML

  NITE TIDAL appears for Hi-Dose Tidal therapies.

  NITE TIDAL: ML

- UF (ultrafiltration) PER CYCLE

  UF PER CYCLE:

  NITE CYCLE UF appears for Hi-Dose Tidal therapies.

  NITE CYCLE UF:

Basic steps to change settings *(continued)*	Display screen
30. PRESS GO TO START appears on the display screen after the calculated settings. You are now ready to press ***GO*** to begin the setup for your therapy.	PRESS GO TO START
➤ **NOTE:** If you *do* change the value for Last Fill Volume: CHECK I-DRAIN VOLUME appears on the display screen.	CHECK I-DRAIN VOLUME
31. Press ***STOP***. The I-DRAIN (Initial Drain) ALARM submenu from the MAKE ADJUSTMENTS menu is shown. This allows you to update the I-Drain Alarm setting to be consistent with the new Last Fill Volume. See 9.2.7, *I-Drain Alarm,* on page 9-9.	I-DRAIN ALARM: 60ML (The value blinks)

8.4 Therapy Type

The first setting on the Change Program menu is THERAPY type. There are four Therapy types available, as shown in Table 8-1.

Table 8-1. Therapy Type Options

Therapy Type	Display
CCPD/IPD	THERAPY: CCPD/IPD (default setting)
Hi-Dose CCPD	THERAPY:HI-DOSE CCPD
Tidal	THERAPY: TIDAL
Hi-Dose Tidal	THERAPY:HI-DOSE TIDL

See *Terms Used in This Guide* in Section 1, *Glossary*, for the definitions of APD, CCPD, IPD, Tidal, Hi-Dose CCPD, and Hi-Dose Tidal.

➤ **NOTE:** Changing from CCPD to Tidal mode will automatically reset the Tidal Volume % and Total UF to the default settings. If your cycler is programmed with these default settings, contact your clinician to verify that they are correct for you.

8.5 Therapy Settings

WARNINGS

Your Day Fill, Night Fill and Last Fill volumes are not allowed to exceed the values shown in Table 16-7 on page 16-19 for a given weight. Contact your dialysis center to reduce your Fill Volume if it exceeds this volume. Exceeding this volume can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

A Total UF volume set too low can result in a gradual buildup of UF volume during the therapy. This can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Table 8-2 on page 8-9 defines the therapy settings in the CHANGE PROGRAM menu. Not every setting in Table 8-2 will apply to your therapy type.

Table 8-2. Therapy Settings

Setting	Description
Total Volume	TOTAL VOL: ML Total Volume of solution used for the therapy. Includes the total fill volume for all cycles and the Last Fill Volume.
# of Day Fills	# OF DAY FILLS: *(appears in Hi-Dose therapies only)* Number of daytime exchanges.
Day Fill Volume	DAY FILL VOL: ML *(appears in Hi-Dose therapies only)* Volume of solution for each daytime exchange, based on your prescription. ➤ **NOTE:** Day Fill Volume may be a different volume from the Night Fill Volume.
Therapy Time	THERAPY TIME: HH:MM – or – NITE THER TIME:HH:MM *(appears in Hi-Dose therapies only)* Total time for the nighttime portion of the therapy. This time is fixed and begins with Initial Drain.
Fill Volume	FILL VOL: ML – or – NITE FILL VOL: ML *(appears in Hi-Dose therapies only)* Volume of solution for each nighttime cycle based on your prescription.

Table 8-2. Therapy Settings *(continued)*

Setting	Description
Tidal Volume %	TIDAL VOL: % *(appears in Tidal therapies only)* – or – NITE TIDAL VOL: % *(appears in Hi-Dose therapies only)* Portion of solution drained and replaced with new solution during each therapy cycle. This is expressed as a percentage of the initial Fill Volume. ➤ **NOTE:** When the Therapy type is changed from CCPD to Tidal, the Tidal Volume % reverts to the default setting of 95%.
Total UF	TOTAL UF: ML *(appears in Tidal therapies only)* – or – NITE UF: ML *(appears in Hi-Dose therapies only)* Total ultrafiltration (UF) expected for the night portion of the therapy. The system calculates the UF Per Cycle. The UF Per Cycle plus the Tidal Volume is the amount of solution drained during each Tidal Drain. ➤ **NOTES:** ■ When the therapy type is changed from CCPD to Tidal, the Total UF reverts to the default setting of 1000 mL (Standard Fill Mode), or 400 mL (Low Fill Mode). ■ A Total UF volume set too high can result in an increased number of LOW DRAIN VOLUME alarms. (*continued on next page*)

Table 8-2. Therapy Settings *(continued)*

Setting	Description
Total UF (*continued*)	■ Seventy percent (70%) of your normal Night UF is the recommended starting point for determining your optimum Total UF. For help in converting 70% of your expected total therapy UF into a value that can be programmed as your Total UF for your Tidal therapy, see 16.17, *Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings*, on page 16-22. ■ If you use a solution for your Tidal therapy that is different from the solution used in your previous therapy, you may need to adjust your Total UF based on the concentration of the new solution. Contact your dialysis center for recommendations regarding setting your Total UF in this situation. ■ A Total UF of zero (0) is an invalid value.
Last Fill Volume	LAST FILL VOL: ML Last Fill Volume delivered at the end of the therapy and left in the peritoneal cavity during the day. Also called "Wet Day." ➤ **NOTE:** Whenever you make a change to your Last Fill Volume, your Initial Drain Alarm setting will automatically adjust to 70% of your new Last Fill Volume setting. However, if your current setting is higher than 70% it will not automatically adjust. Contact your dialysis center for recommendations regarding setting your Initial Drain Alarm whenever you change your Last Fill Volume.

Table 8-2. Therapy Settings *(continued)*

Setting	Description
Dextrose	DEXTROSE: SAME – or – DEXTROSE: DIFFERENT The Last Fill Volume can be the same dextrose concentration as the other Fills or it can be different. ■ This setting does not appear if LAST FILL VOL = 0. ■ This setting only appears if you use Last Fill.
Full Drains Every	FULL DRAINS EVERY: The frequency of Full Drains during Tidal therapy. ■ This setting only appears if TIDAL FULL DRNS: YES is set in the Nurse's Menu. ➤ **NOTE:** Use this setting to get one or more full drains mid-therapy when you have a large number of Tidal cycles. This reduces over- (or under-) fills due to under- (or over-) estimating the Total UF for the Tidal therapy.
Weight Units	WEIGHT UNITS: KG The units for programming Patient Weight; kilograms (KG) or pounds (LB).
Patient Weight	PATIENT WEIGHT: KG Used to verify that the programmed Fill volumes do not exceed the maximum allowable settings for your weight.

8.5.1 Calculated Settings

The system calculates the number of night cycles and the Dwell Time. For a Tidal therapy, the system also calculates Tidal Volume and ultrafiltration (UF) per cycle. The calculated values appear on the display screen when you press ***STOP*** after you have reviewed your therapy settings.

Table 8-3. Definitions for Calculated Settings

Setting	Description
Cycles	Total number of cycles at night, not including the Last Fill. Hi-Dose (day) cycles are not included in this calculation.
Dwell Time	Calculated amount of time the dialysis solution remains in the peritoneal cavity during each cycle. The system may adjust the Dwell Time automatically based on your actual flow rates during Fill and Drain, if your clinician chooses this option.
Tidal Volume	Actual Tidal Volume calculated based on the Tidal Volume % programmed and the Fill Volume. *This calculated setting only appears for Tidal and Hi-Dose Tidal therapy types.*
UF Per Cycle	Estimated UF Per Cycle based on Total UF programmed and number of cycles calculated. *This calculated setting only appears for Tidal and Hi-Dose Tidal therapy types.*

Section 9

Operating Instructions – Make Adjustments

9 Operating Instructions – Make Adjustments

9.1 Make Adjustments Menu

MAKE ADJUSTMENTS

The following options are available from the MAKE ADJUSTMENTS menu.

- Adjust Brightness
- Adjust Loudness
- Auto Dim
- Set Clock
- Set Date
- I-Drain Time (Low Fill Mode only)
- I-Drain Alarm
- Comfort Control
- Last Manual Drain
- UF Target and Alarm

9.1.1 Changing Settings

The settings for these options can be changed by your dialysis nurse or nephrologist using your Pro Card, or you can adjust them manually. These settings are not part of your prescription. They do not have to be reviewed or changed every treatment.

Follow the basic steps below to make adjustments to your settings.

Basic steps to Make Adjustments	Display screen
1. Before you press ***GO*** to start your therapy, press ▽. CHANGE PROGRAM appears on the display screen.	PRESS GO TO START CHANGE PROGRAM
2. Press ▽ again. MAKE ADJUSTMENTS appears.	MAKE ADJUSTMENTS
3. Press ***ENTER*** to access the Make Adjustments menu. ADJUST BRIGHTNESS appears.	ADJUST BRIGHTNESS
4. If you do not want to change this setting, press ▽ to see the next option.	ADJUST LOUDNESS
5. Press ***ENTER*** to select the setting you want to change.	PLEASE ADJUST NOW (The option or value blinks)
6. Press △ and ▽ to change the option or value.	
7. Press ***ENTER*** to save the option or value.	ADJUST LOUDNESS (Blinking stops)
8. Press ▽ to display the next option.	
9. Continue to review or change settings by repeating Steps 4 through 8.	
10. Press ***STOP*** to exit Make Adjustments. The system saves the settings until you change them again.	PRESS GO TO START

9.2 Option Settings

9.2.1 Adjust Brightness

Follow the steps below to adjust the brightness of the display screen.

Steps to Adjust Brightness	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. ADJUST BRIGHTNESS is the first option.	ADJUST BRIGHTNESS
3. Press ***ENTER***. The display screen blinks.	PLEASE ADJUST NOW (The display screen blinks)
4. Press △ or ▽. The brightness of the display screen will change as you press △ or ▽.	PLEASE ADJUST NOW
5. Press ***ENTER*** to save the new brightness level. The display screen stops blinking.	ADJUST BRIGHTNESS (Blinking stops)
6. Press ▽ to display the next option. **– OR –**	ADJUST LOUDNESS
7. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.2 Adjust Loudness

Follow the steps below to adjust the loudness of the beeps and alarms.

Steps to Adjust Loudness	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until ADJUST LOUDNESS appears.	ADJUST LOUDNESS
3. Press ***ENTER***. The display screen blinks.	PLEASE ADJUST NOW (The display screen blinks)
4. Press △ or ▽. The loudness of the beep will change as you press △ or ▽.	PLEASE ADJUST NOW
5. Press ***ENTER*** to save the new loudness level. The display screen stops blinking.	ADJUST LOUDNESS (Blinking stops)
6. Press ▽ to display the next option. **– OR –**	AUTO DIM: NO
7. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.3 Auto Dim

If Auto Dim is set to YES, the display screen turns off during your therapy if no buttons are pressed for 5 minutes. A single dot will move from left to right across the screen. The display screen will turn back on if an alarm occurs or if a button is pressed.

The default setting is AUTO DIM: NO.

➤ **NOTE:** Auto Dim will not operate when the display screen is showing the current time or estimated treatment end time.

Follow the steps below to change the Auto Dim option.

Steps to set Auto Dim	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until AUTO DIM appears.	AUTO DIM: NO
3. Press ***ENTER***. The YES or NO blinks.	AUTO DIM: NO (YES or NO blinks)
4. Press △ or ▽ to change the setting.	AUTO DIM: YES
5. Press ***ENTER*** to save the new setting. The blinking stops.	AUTO DIM: YES (Blinking stops)
6. Press ▽ to display the next option. **– OR –**	SET CLOCK: 7:10 AM
7. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.4 Set Clock

Follow the steps below to adjust the hour and minutes of the clock.

➤ **NOTE:** The time can not be changed during therapy.

Steps to set the Clock	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until SET CLOCK appears.	SET CLOCK: 7:10 AM
3. Press ***ENTER***. The hour digits blink.	SET CLOCK: 7:10 AM (The hour blinks)
4. Press △ or ▽ to change the hour.	SET CLOCK: 8:10 AM
5. Press ***ENTER*** to save the hour. The minute digits then blink.	SET CLOCK: 8:10 AM (The minutes blink)
6. Press △ or ▽ to change the minutes.	SET CLOCK: 8:30 AM
7. Press ***ENTER*** to save the minutes. AM/PM then blinks.	SET CLOCK: 8:30 AM (AM / PM blinks)
8. Press △ or ▽ to change AM/PM.	SET CLOCK: 8:30 PM
9. Press ***ENTER*** to save the new time. The blinking stops.	SET CLOCK: 8:30 PM (Blinking stops)
10. Press ▽ to display the next option. **– OR –**	SET DATE: 8 JAN 2000
11. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.5 Set Date

Follow the steps below to change the day, month, or year.

➤ **NOTE:** The date can not be changed during therapy.

Steps to set the Date	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until SET DATE appears.	SET DATE: 8 JAN 2008
3. Press ***ENTER***. The day digits blink.	SET DATE: 8 JAN 2008 (The day blinks)
4. Press △ or ▽ to change the day.	SET DATE: 9 JAN 2008
5. Press ***ENTER*** to save the new day. The month then blinks.	SET DATE: 9 JAN 2008 (The month blinks)
6. Press △ or ▽ to change the month.	SET DATE: 9 FEB 2008
7. Press ***ENTER*** to save the new month. The year then blinks.	SET DATE: 9 FEB 2008 (The year blinks)
8. Press △ or ▽ to change the year.	SET DATE: 9 FEB 2009
9. Press ***ENTER*** to save the new date. The blinking stops.	SET DATE: 9 FEB 2009 (Blinking stops)
10. Press ▽ to display the next option. **– OR –**	I-DRAIN ALARM:1400ML
11. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.6 I-Drain Time

Initial Drain Time (I-DRAIN TIME) is only applicable to Low Fill Mode therapies.

The I-Drain Time is the minimum amount of time that must be spent in Initial Drain before transitioning to the next therapy phase due to an empty detection condition. Both the I-Drain Time and the I-Drain Alarm (see 9.2.7, *I-Drain Alarm*, on page 9-9) conditions must be met before the system exits Initial Drain.

Review or adjust the I-Drain Time setting if you change your Last Fill Volume or if you perform a manual exchange (CAPD) during the day.

Steps to set the I-Drain Time	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until I-DRAIN TIME appears.	I-DRAIN TIME: 0:25
3. Press ***ENTER***. The digits blink.	I-DRAIN TIME: 0:25 (The digits blink)
4. Press △ or ▽ to change the minutes. The maximum time you can set is 30 minutes.	I-DRAIN TIME: 0:10
5. Press ***ENTER*** to save the Initial Drain Time. The blinking stops.	I-DRAIN TIME: 0:10 (Blinking stops)
6. Press ▽ to display the next option. **– OR –**	I-DRAIN ALARM:1400ML
7. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.7 I-Drain Alarm

WARNINGS

Setting the I-Drain Alarm volume too low or OFF can result in an incomplete Initial Drain followed by a full Fill. This can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death. See Table 9-1 on page 9-10 for the recommended starting points when determining your optimal I-Drain Alarm volume.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Patients with Fill volumes less than 1000 mL may normally drain slowly. These patients typically weigh less than 44 lbs (20 kg). Therefore it is recommended to use the Low Fill Mode to minimize the incidence of LOW DRAIN VOLUME and CAUTION: NEGATIVE UF alarms. The Drain Volume % and Negative UF limit can be adjusted to decrease these alarms, but it is not recommended to decrease the Drain Volume % below 85% or the Negative UF above 50% as this may contribute to an increased intraperitoneal volume (IIPV) situation. Bypassing these alarms during Initial Drain when there is still fluid left in the peritoneal cavity can result in an IIPV situation later in your therapy. IIPV could result in a feeling of abdominal discomfort, serious injury or death. It is required that the Low Recirculation Volume Set be used with Low Fill Mode.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

The Initial Drain Alarm (I-DRAIN ALARM) volume is used to determine the minimum amount of Drain Volume expected during your Initial Drain.

Too high an I-Drain Alarm volume can result in an increased number of LOW DRAIN VOLUME alarms.

If the volume of fluid drained is less than the expected volume, a LOW DRAIN VOLUME alarm sounds. When Slow Flow or No Flow conditions occur during the Initial Drain, the I-Drain Alarm volume is used to determine whether the system alarms or moves on to the Fill cycle.

Review or adjust the I-Drain Alarm setting if you change your Last Fill Volume or if you perform a CAPD exchange during the day. Whenever you make a change to your Last Fill Volume, your Initial Drain Alarm setting will automatically adjust to 70% of your new Last Fill Volume setting, or the existing setting, whichever is higher. Contact your dialysis center for recommendations regarding setting your Initial Drain Alarm whenever you change your Last Fill Volume. Refer to Table 9-1 for the recommended settings based on a percentage of the Last Fill Volume.

Table 9-1. Recommended Starting Point for I-Drain Alarm Setting

Last Fill Solution	Last Fill Dwell Time	% of Last Fill Volume
Dianeal	8 to 16 hours	70%*
Dianeal	2 to 4 hours	85%*
Extraneal	8 to 16 hours	95%*

* The settings for these percentages are calculated for you in Table 16-8 on page 16-21 in 16.16, *Determining Initial Drain Alarm Volume Settings*.

➤ **NOTE:** If the I-Drain Alarm is set to OFF, the system moves on to Fill when a No Flow condition occurs. Baxter recommends that this setting not be used since there is no Minimum Drain Volume requirement. A LOW DRAIN VOLUME alarm is posted if the flow rate is below 50 mL/min for 10 minutes. Subsequent alarms are posted every 5 minutes. The I-Drain Alarm can not be set to OFF in Low Fill Mode.

➤ **NOTE:** For "Dry Day" patients, set the I-Drain Alarm to 0 (zero) mL, or a very small volume. Check with your dialysis center for the correct number to set. Setting the I-Drain Alarm to OFF will allow for activation of a LOW DRAIN VOLUME alarm when a Slow Flow or air and fluid condition exists.

Steps to set the I-Drain Alarm	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until I-DRAIN ALARM appears.	I-DRAIN ALARM:1400ML
3. Press ***ENTER.*** The volume digits blink.	I-DRAIN ALARM:1400ML (The volume blinks)
4. Press △ or ▽ to change the setting.	I-DRAIN ALARM:1800ML
5. Press ***ENTER*** to save the new Initial Drain Alarm volume. The blinking stops.	I-DRAIN ALARM:1800ML (Blinking stops)
6. Press ▽ to display the next option. **– OR –**	COMFORT CONTROL: 36
7. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.8 Comfort Control

Follow the steps below to adjust the temperature of the heater bag. The range is from 35°C to 37°C (95.0°F to 98.6°F). The default setting is 36°C (96.8°F).

Steps to adjust the temperature	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until COMFORT CONTROL appears.	COMFORT CONTROL: 36
3. Press ***ENTER***. The temperature digits blink.	COMFORT CONTROL: 36 (The temperature blinks)
4. Press △ or ▽to change the temperature.	COMFORT CONTROL: 37
5. Press ***ENTER*** to save the new temperature. The blinking stops.	COMFORT CONTROL: 37 (Blinking stops)
6. Press ▽ to display the next option. **– OR –**	LAST MANUAL DRAIN: Y
7. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

9.2.9 Last Manual Drain

The default setting for Last Manual Drain option is YES. The recommended starting point for setting your UF Target is 70% of your expected UF. If your ultrafiltration is less than the Target UF at the end of the last Drain of the therapy, the system stops and LOW UF appears on the display screen.

Occasionally, the location of the catheter tip can be in a less than optimal position. This can lead to an incomplete Drain of the dialysis solution when lying down. With the Last Manual Drain option, you may want to change position before the Last Fill is performed by the system.

➤ **NOTE:** If a Last Manual Drain is set to YES, a UF Target and a UF Alarm must be configured. See 9.2.10, *UF Target and Alarm*, on page 9-14.

Follow the steps below to set Last Manual Drain.

Steps to set Last Manual Drain	Display screen
1. Press ***ENTER*** to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press ▽ until LAST MANUAL DRAIN appears. If the default setting of LAST MANUAL DRAIN: Y is your desired setting, skip to Step 6. Otherwise, continue with Step 3 to change the setting.	LAST MANUAL DRAIN: Y
3. Press ***ENTER***. The N (NO) or Y (YES) blinks.	LAST MANUAL DRAIN: Y (N or Y blinks)
4. Press △ or ▽ to change the setting.	LAST MANUAL DRAIN: N
5. Press ***ENTER*** to save the new setting. The Y or N stops blinking.	LAST MANUAL DRAIN: N (Blinking stops)
6. If LAST MANUAL DRAIN is set to YES, press ▽. UF TARGET appears. **– OR –** If LAST MANUAL DRAIN is set to NO, press ***STOP*** to exit Make Adjustments.	UF TARGET: 0ML PRESS GO TO START

9.2.10 UF Target and Alarm

This option only appears on the Make Adjustments menu if Last Manual Drain is set to YES.

⚠ WARNING

Setting your UF Target too low can cause an incomplete last Drain, leaving fluid in your peritoneal cavity. This can result in an increased intraperitoneal volume (IIPV) situation during your next Fill. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

The UF Target allows you to set a minimum amount of UF that must be drained to prevent the LOW UF alarm from occurring. Seventy percent (70%) of your expected UF is the recommended starting point for setting your UF Target. For help in converting 70% of your expected total therapy UF into a value that can be programmed as your Total UF for your therapy, see 16.17, *Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings*, on page 16-22. If the accumulated UF for the therapy (including nighttime UF and Hi-Dose UF) is below the UF Target at the end of the last regular Drain, the therapy stops and a LOW UF alarm occurs.

The Alarm must be programmed YES or NO.

- If ALARM: YES is set, and the UF Target is not met, the system beeps continuously. A LOW UF alarm appears on the display screen.
- If ALARM: NO is set, and the UF Target is not met, only the LOW UF alarm appears on the display screen. The system will not beep. It will wait for you to wake up and finish draining. At that time, you can change your position and initiate a Manual Drain.

Steps to set UF Target	Display screen
If LAST MANUAL DRAIN is set to YES:	LAST MANUAL DRAIN: Y
1. Press ▽ to display the UF TARGET screen.	UF TARGET: 0ML
2. Press ***ENTER***. The volume digits blink.	UF TARGET: 0ML (The volume blinks)
3. Press △ or ▽ to change the setting.	UF TARGET: 1200ML
4. Press ***ENTER*** to save the new setting. The blinking stops.	UF TARGET: 1200ML (Blinking stops)
5. Press ▽ to display the ALARM option.	ALARM: NO
6. Press ***ENTER***. The NO or YES blinks.	ALARM: NO (NO or YES blinks)
7. Press △ or ▽ to select YES or NO.	ALARM: YES
8. Press ***ENTER*** to save the new setting. The blinking stops.	ALARM: YES (Blinking stops)
9. If you do not want to make any other adjustments, press ***STOP*** to exit Make Adjustments.	PRESS GO TO START

Section 10

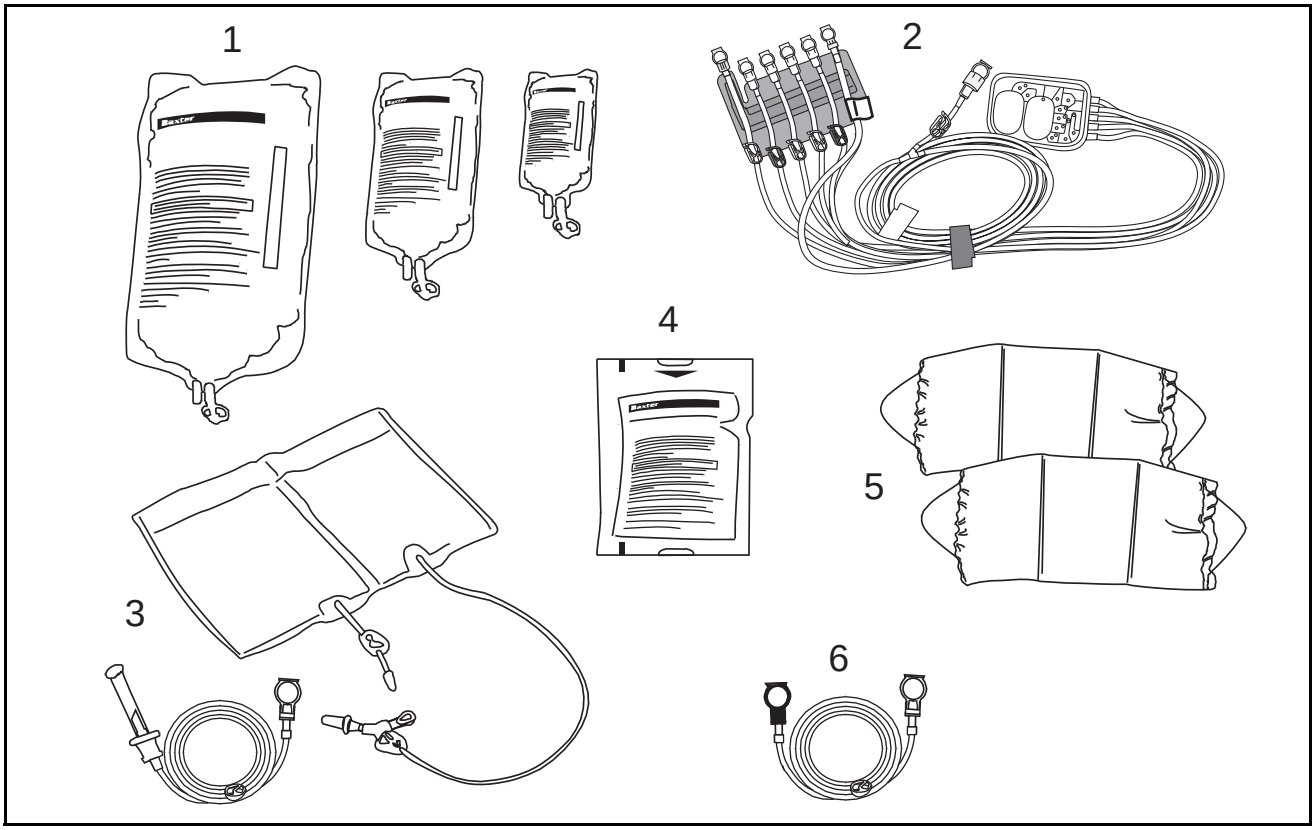
Operating Instructions – Prepare for Therapy

Operating Instructions – Prepare for Therapy

10

10.1 Gather Your Supplies

Gather all the supplies necessary for your dialysis treatment.



1. Solution Bags
2. Disposable Set (Luer shown)
   - Standard set for Fill volumes above 1000 mL
   - Low Recirculation Volume set for Fill volumes at or below 1000 mL
3. Drain Bag or Drain Line Extension
4. Disconnect Cap(s)
5. Face Mask(s)
6. Patient Line Extension, if needed

Figure 10-1. Supplies

WARNINGS
⚠ **Do not use a Patient Line Extension with the Low Recirculation Set. Using an extension with this set increases the recirculation volume and reduces therapy effectiveness.**
⚠ **Do not extend the patient line beyond 34 feet (10.4 meters) for the standard set. Extending the patient line beyond this length:** ■ **Increases the recirculation volume which can result in reduced therapy effectiveness.** ■ **Impacts priming which can result in air infusion. Air infusion can cause shoulder and/or abdominal pain and may lead to serious injury.**
⚠ **Do not use a disposable set or Patient Line Extension if tip protectors are not in place. If the tip protectors are not secure, possible contamination of the fluid or fluid pathways can result. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.**
⚠ **If the solution is not clear, do not use and discard the bag. Follow the labeling instructions supplied with the dialysis solution for storage and preparation. Failure to follow the solution labeling instructions can lead to insufficient therapy or adverse clinical reaction.**

10.2 Prepare Your Solution Bags

WARNINGS
⚠ **Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.**

WARNINGS *(continued)*	
⚠	**If any problems are found while preparing the solution bags, *DO NOT USE THE SOLUTION SUPPLY BAG. DISCARD THE BAG* and get a fresh dialysis solution supply bag. Using wrong or damaged bags can result in inadequate therapy or contamination of the fluid lines. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death. Contact Baxter or your dialysis center to report any problems with the bags. See 2.2, *Numbers to Call for Assistance*, on page 2-1.**
⚠	**The solution bag must be positioned properly on the heater pan. Be sure that the bag completely covers the silver heater sensor button. Additional care should be taken when positioning small solution bags on the heater. If the solution bag is not placed properly, overheated or underheated dialysis fluid can be delivered.**
⚠	***DO NOT* use external heating sources (such as a microwave, stove, electric heating pad with an uncontrolled temperature gauge, or immerse in hot water) to warm solution bags. This can result in overheated solution delivered into your peritoneal cavity, causing patient injury.**

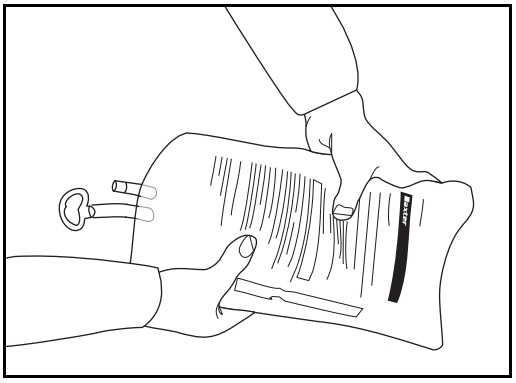
➤ **NOTE:** *For your comfort, and to avoid alarms during priming*:
If you store your supplies in an area colder than 15°C/59°F, turn on the system and place your bag on the heater pan 30 to 60 minutes prior to starting setup. In addition, place the cassette on top of heater bag to help warm it.

Follow the steps below to prepare your solution bags.

Steps to prepare solution bags

1. Check each solution bag.

   Remove the overpouch (protective wrapping) and check the following:

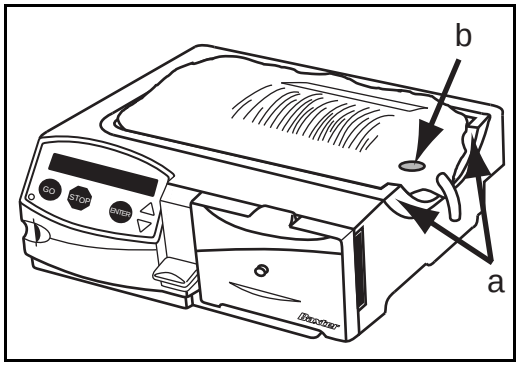


   - The solution is clear
   - The solution matches the prescribed type
   - The dextrose concentration is correct
   - The volume of solution in the bag is correct
   - The expiration date has not passed
   - The pull ring and medication port are in place
   - Ensure there are no leaks by:
     - Wiping condensation from the bag and ensuring bag port is separated from bag surface
     - Squeezing the bag
     - Inspecting all seal areas, port areas, and front/back surfaces for leaks

   Your clinician may have taught you to check solution bags for **SEAL**:

   - **S**trength
   - **E**xpiration Date
   - **A**mount
   - **L**eaks

2. Place one bag on the heater pan.



   a. Place the edge of the bag against the bag stops on the right side of the heater pan.

   b. Make sure that the bag completely covers the silver heater sensor button.

   ➤ **NOTE:** This bag remains on the heater pan throughout the treatment.

10.3 Turn On Your System

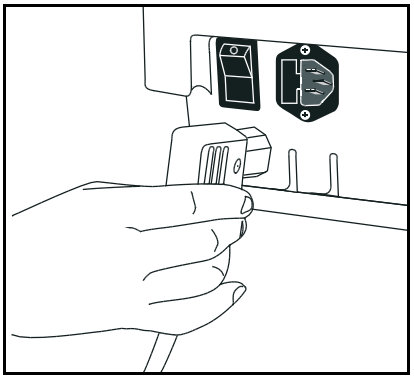
⚠ WARNING

Contamination of the fluid or fluid pathways can result if a pet or animal bites a solution bag or the disposable set. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death. To reduce this risk do not perform dialysis in the same room as pets or animals.

➤ **NOTE:** Read Section 3, *Warnings and Cautions*, before you turn on your *HomeChoice* or *HomeChoice Pro* APD system.

Steps to turn on the system

1. Plug the power cord into the back of the cycler.
2. Plug the other end of the power cord into a grounded electrical outlet.



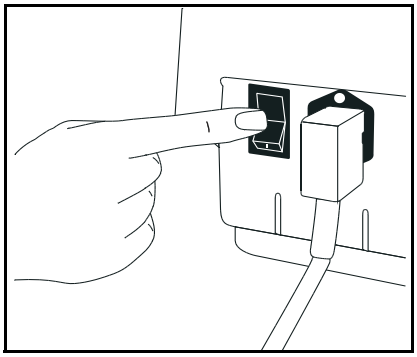
➤ **NOTE:** Be sure to unplug the power cord before you move the cycler.

➤ **NOTE:** If your nephrologist is using the Pro Card option, make sure that the Pro Card is in the cycler before you turn it on. See Section 7, *Operating Instructions – Pro Card and Modem*, for information regarding the Pro Card.

Steps to turn on the system *(continued)*

3. Press the On/Off Switch to the ON position (**I**).

   The On/Off Switch is located on the back of the cycler, next to the power cord.

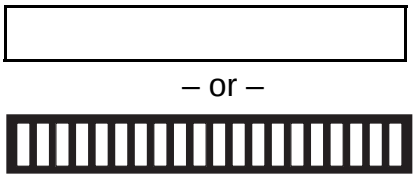


4. After turning on the system, make sure you hear the beep that verifies that the audible alarm is working.

   "beep"

5. Observe that all of the characters on the display screen have all pixels ON (not blinking) for several seconds.

   Pixels are the small dots that form the displayed letters and numbers.



– or –

➤ **NOTE:** The system has two display configurations. Yours may look like one or the other of these two examples.

6. Next, observe that all of the characters have all pixels (display dots) OFF for several seconds.



– or –



➤ **NOTE:** If the cycler performs differently than stated in Steps 4, 5, and 6, contact Baxter Technical Assistance.

➤ **NOTE:** If your dialysis center is using the *HomeChoice Pro* APD system prompts option, the prompts will appear at this time. See 7.2.4, *HomeChoice Pro APD System Prompts*, on page 7-7 for information about this option. You may be prompted to enter your weight a second time.

Steps to turn on the system *(continued)*

7. The current operating mode (STANDARD MODE or LOW FILL MODE) appears for a few seconds.

   STANDARD MODE ON

   When the system is ready, PRESS GO TO START appears.

   PRESS GO TO START

⚠ WARNING

A CALL PD NURSE / HIGH DRAIN XYZ message is an indication that you may have experienced increased intraperitoneal volume (IIPV) during your previous therapy. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

Refer to 15.3.1, *Call PD Nurse / High Drain XYZ*, on page 15-5 for further instructions.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

➤ **NOTE:** If you have received a new system ("swap") or your prescription has changed, verify the therapy settings are correct, as directed by your dialysis nurse. See Section 8, *Operating Instructions – Change Program*, for instructions on verifying your therapy settings.

10.4 Menu Options at Startup

Prior to starting a therapy you can review your therapy settings, last therapy results, and other information. Table 10-1, below, lists the options you can select *before* you press ***GO*** to start your dialysis treatment.

1. Press ▽ to view each option.
2. Press ***ENTER*** to select an option.
3. Press ***STOP*** to return to the previous menu.

Table 10-1. Options Available at Startup

Option	Description
Start Setup	PRESS GO TO START Shows that the system is ready for you to begin preparing for your treatment.
Change Program **– OR –** **Review Program**	CHANGE PROGRAM Press ***ENTER*** to change your therapy settings. Press ***STOP*** to view calculated parameters and return to the previous menu. If the Last Fill volume was changed, pressing ***STOP*** takes you to the Initial Drain Alarm setting in the MAKE ADJUSTMENTS menu. REVIEW PROGRAM REVIEW PROGRAM appears if the program is locked. See Section 8, *Operating Instructions – Change Program* for instructions.

Table 10-1. Options Available at Startup *(continued)*

Option	Description
Make Adjustments	MAKE ADJUSTMENTS Press ***ENTER*** to change or review system settings. Press ***STOP*** to return to the previous menu. See Section 9, *Operating Instructions – Make Adjustments*, for instructions.
Initial Drain Volume	I-DRAIN VOL: 65ML Shows the volume from the Initial Drain of your last treatment.
Last Manual Drain	LAST M-DRAIN: 60ML Only appears if you drained some fluid using the Manual Drain option after a Last Fill. Shows the amount of solution drained.
Last Ultrafiltration	LAST UF: 350ML Amount of ultrafiltrate removed during the last treatment. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu. If this value is lower than usual, or negative, temporarily increase your I-Drain Alarm setting when VERIFY I-DRAIN is displayed prior to the start of the Initial Drain. This ensures a complete Initial Drain. See 9.2.7, *I-Drain Alarm*, on page 9-9.
Average Dwell Time	AVG DWELL TIME: 1:34 Average actual Dwell Time per cycle for the last treatment. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.

Table 10-1. Options Available at Startup *(continued)*

Option	Description
Alarm Log	ALARM LOG Press ***ENTER*** to review the last 20 alarms. Press ***STOP*** to return to the previous menu. LOG IS EMPTY appears if no alarms occurred.
Therapy Log	THERAPY LOG Press ***ENTER*** to review information about the 5 or 6 most recently performed treatments. It does not include the treatment in process. Press ***STOP*** to return to the previous menu.
Modem Connect	MODEM CONNECT Press ***ENTER*** to begin a modem data transfer. See 7.4, *Install the Modem Option*, on page 7-16 for details.
Current Time	9:30 PM Shows the current time. See 9.2.4, *Set Clock*, on page 9-6 if you need to change the time.
Software Version	SOFTWARE VER: 10.4 Shows the software version of the *HomeChoice* or *HomeChoice Pro* APD system. ➤ **NOTE:** This guide is only applicable to software versions that begin with 10.4XX, where XX can be any 2 digits.

10.5 Load the Disposable Set

⚠ WARNING

Connect yourself only when CONNECT YOURSELF appears on the display screen. Connecting yourself before CONNECT YOURSELF appears can cause air to be delivered to your peritoneal cavity. This can cause shoulder and/or abdominal pain and may lead to serious injury.

This can also result in an increased intraperitoneal volume (IIPV) situation if you had fluid in your peritoneal cavity prior to the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

⚠ WARNING

Before loading the disposable set, inspect the cassette and tubing for damage. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

- **Inspect the flexible surfaces of the cassette for obvious signs of damage, including cuts, tears, or punctures.**
- **Ensure the tip protectors on the ends of the tubing are on and unbroken.**

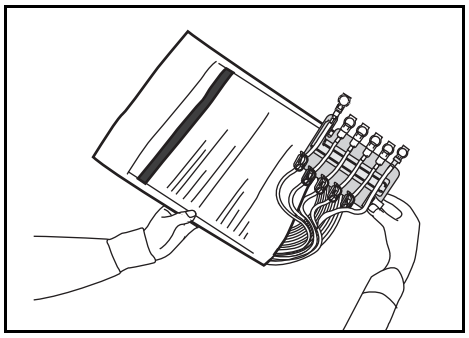
If damage is found, obtain a new disposable set and repeat inspection procedure.

Tubing indentations can be present on disposable sets due to the supple nature of the tubing. Slight tubing indentations are cosmetic in nature and should have no impact on the functionality of the product.

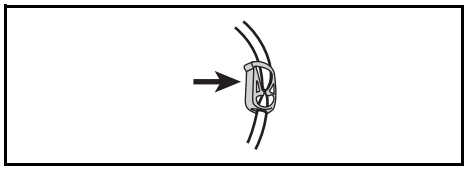
Follow the steps below to load the disposable set.

Steps to load the disposable set

1. Prepare the disposable set.
   - Open the packaging and remove the disposable set.



   - Close all clamps.
     - 3-prong set has 5 clamps
     - 4-prong set has 6 clamps

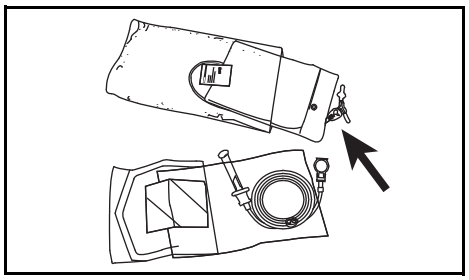


➤ **NOTE:** Open the packaging of the disposable set by hand. Do not use a knife, scissor, or other sharp object to open the packaging.

Steps to load the disposable set *(continued)*

2. Prepare drain option.

   - *For Drain Bag* – close the clamp on the line with the blue pull ring.
   - *For Drain Line Extension* – leave the line clamp open.



3. If you are using a Patient Line Extension, open the package and place it on a clean surface.

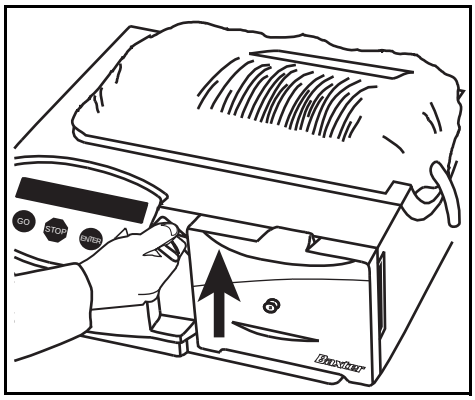
4. Press ***GO*** when you are ready to begin.

   LOAD THE SET appears.



➤ **NOTE:** LOW FILL MODE IS OFF appears if your Fill Volume is 1000 mL or less and you are not using the Low Fill Mode. If this occurs, call your dialysis center to see if your treatment should be performed in the Low Fill Mode. Otherwise, if you are sure the Fill Volume and therapy mode settings are correct, press ***GO*** again to display LOAD THE SET.

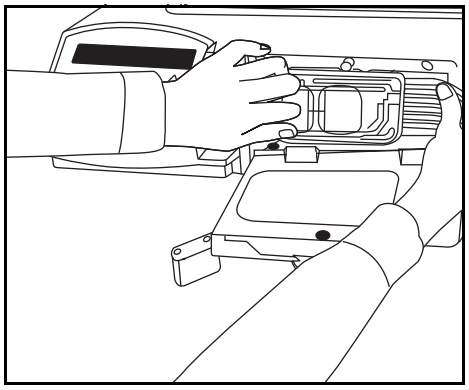
5. Push up the handle on the front of the cycler to unlock and open the door.



➤ **NOTE:** The door must be opened within 2 minutes (30 seconds for Fill volumes less than or equal to 500 mL). If you do not open the door within that time, press ***STOP*** and ***GO*** again to retract the occluder for an additional 2 minutes (30 seconds for Fill volumes less than or equal to 500 mL).

Steps to load the disposable set *(continued)*

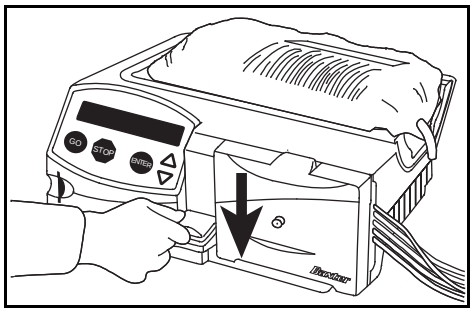
6. Load the cassette.



- The cassette only fits in one way, with the lines leading to the right of the cycler.
- Insert the cassette bottom edge first, then press in the top.
- Pull the lines back toward the rear to lock the cassette into the cycler.

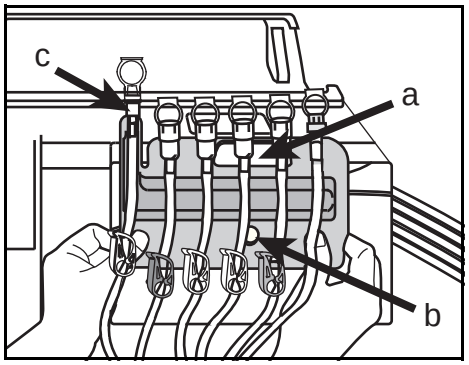
➤ **NOTE:** Connect yourself only when CONNECT YOURSELF appears on the display screen.

7. Close the door and press the handle down to lock the door.



➤ **NOTE:** Do not open the door until ending therapy.

8. Place the organizer:



a. Place the long slot of the organizer over the hook at the top of the door.

b. Snap the lower slot of the organizer over the post at the front of the door.

c. Make sure the end of the patient line is correctly positioned in the organizer as shown.

10.6 Attach the Drain Option

⚠ WARNING

Leave an air gap (space) between the end of the drain line and any fluid in the drain or container when using a drain line extension. This prevents non-sterile fluid from flowing backwards up the drain line. Non-sterile fluid can contaminate the fluid path and may result in peritonitis, serious patient injury, or death.

Follow the steps below to attach your drain option.

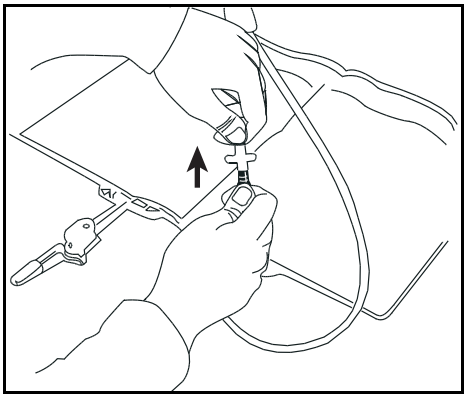
Steps to attach a drain option

1. Attach your drain option:

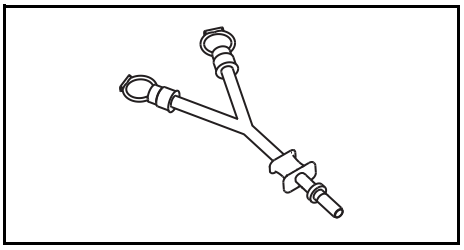
   - *Drain Line Extension* – remove tip protectors from both ends of drain.

   – OR –

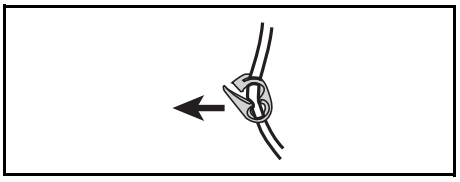
   - *15L Drain Bag* – close clamp on short tube to prevent leakage.



➤ **NOTE:** If you use more than one drain bag, use a drain manifold to connect the bags.



2. Open all clamps in the drain lines.



Steps to attach a drain option *(continued)*

3. Press ***GO***.

The display screen changes to SELF TESTING.	SELF TESTING..
When the self-test is complete, the display screen alternates between CONNECT BAGS and OPEN THE CLAMPS.	CONNECT BAGS OPEN THE CLAMPS

10.7 Connect the Solution Bags

➤ **NOTE:** Connect yourself only when CONNECT YOURSELF appears on the display screen.

WARNINGS

⚠ **The solution bag must be positioned properly on the heater pan. Be sure that the bag completely covers the silver heater sensor button. Additional care should be taken when positioning small solution bags on the heater. If the solution bag is not placed properly, overheated or underheated dialysis fluid can be delivered.**

⚠ **If you use a Last Fill with a different solution, the line with the BLUE clamp must be connected to the Last Fill solution bag. If the solution concentration is incorrect or the wrong solution is connected to the Last Fill line, ultrafiltration alarms can occur during therapy because the wrong solution can generate too much or not enough ultrafiltrate volume.**

⚠ **If you discover that your therapy was performed with an incorrect solution, or an incorrect solution was connected to the Last Fill (BLUE clamp) line, contact your dialysis center.**

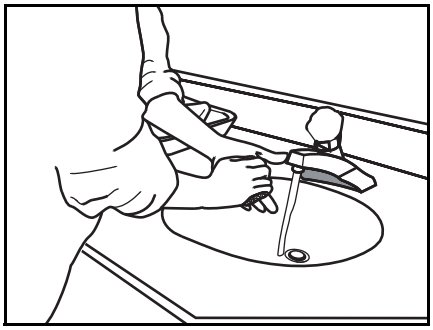
WARNINGS *(continued)*

⚠ **Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.**

Follow the steps below to connect your solution bags.

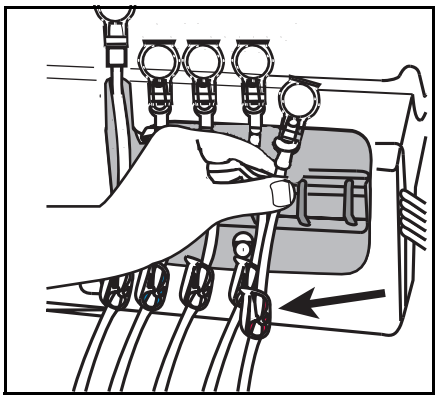
Steps to connect solution bags

1. Put on face mask and wash and dry (or disinfect) your hands thoroughly.



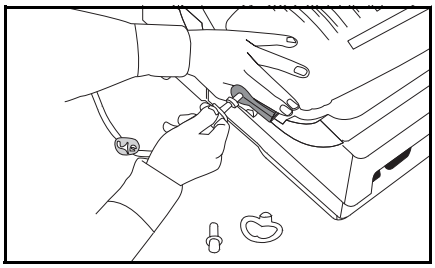
2. If you are using a patient extension line, connect it to the patient line.

3. Remove the line with the RED clamp.

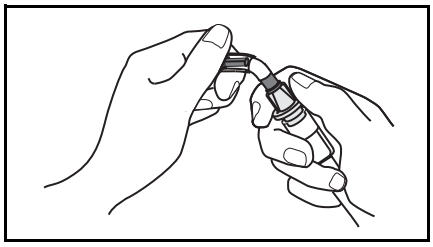


Steps to connect solution bags *(continued)*

4. Connect the line to the heater bag as you have been taught by your dialysis trainer.



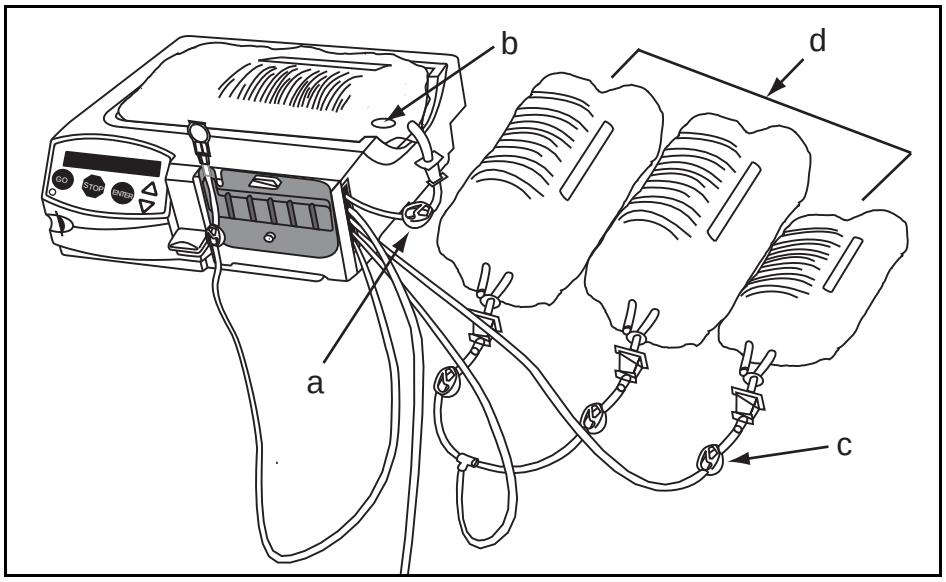
5. Break the Frangible (Luer connections only).



6. Repeat for all the solution bags necessary for your treatment.
   - The line with the BLUE clamp is for the Last Fill bag.
   - The lines with WHITE clamps are for additional solution bags.
7. Leave any unused lines in the organizer with clamps closed.

Steps to connect solution bags *(continued)*

8. Review your connections to make sure that:



a. The line with the RED clamp is connected to the solution bag on the heater pan.

b. The solution bag on the heater pan covers the heater sensor button on the right end of the heater.

c. The line with the BLUE clamp must be connected to the Last Fill solution bag if you use a Last Fill with a different solution.

d. You have connected enough bags of the right size to deliver your prescribed volume.

10.8 Prime the Disposable Set

WARNINGS

Failure to open the clamp on the patient line after connecting the solution bags will prevent the patient line from being primed. This can cause air to be delivered to you during FILL 1. This can cause shoulder and/or abdominal pain and may lead to serious injury.

If CONNECT YOURSELF appears on the display screen and you find the clamp is still closed, do *NOT* connect yourself. Instead, open the clamp and reprime the patient line. (See 15.7, *Reprime Patient Line Procedure*, on page 15-64.) If you have already connected yourself and find the clamp is still closed, start a Manual Drain before you open the clamp. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59.

Do not use a Patient Line Extension with the Low Recirculation Set. Using an extension with this set increases the recirculation volume and reduces therapy effectiveness.

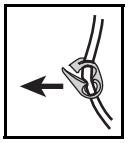
Do not extend the patient line beyond 34 feet (10.4 meters) for the standard set. Extending the patient line beyond this length:

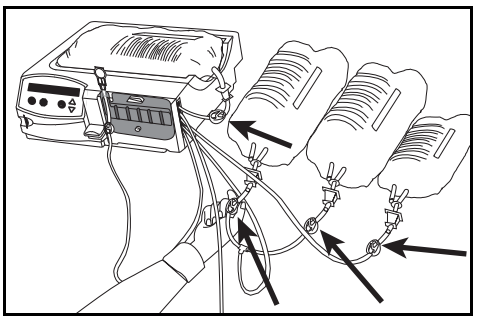
- **Increases the recirculation volume which can result in reduced therapy effectiveness.**
- **Impacts priming which can result in air infusion. Air infusion can cause shoulder and/or abdominal pain and may lead to serious injury.**

Follow the steps below to prime your disposable set.

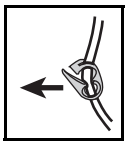
Steps to prime the disposable set

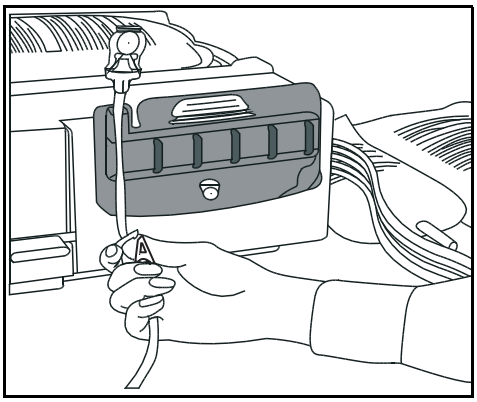
1. Open clamps ONLY on lines connected to solution bags.





2. Open the clamp on the patient line.





3. Make sure the end of the patient line and/or extension line is correctly positioned in the organizer.

➤ **NOTE:** Do ***not*** connect yourself until CONNECT YOURSELF appears on the display screen.



To ensure proper priming:

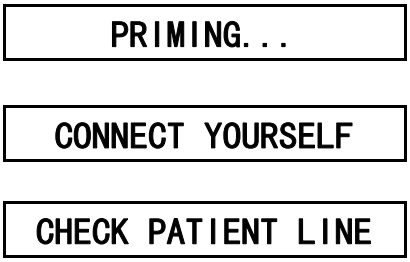
- Verify that the white clamp on the patient line is open.
- Verify that the end of the patient line, or the end of the Patient Line Extension when an extension is used, is placed in the left slot in the blue organizer.

Steps to prime the disposable set *(continued)*

4. Press ***GO.***

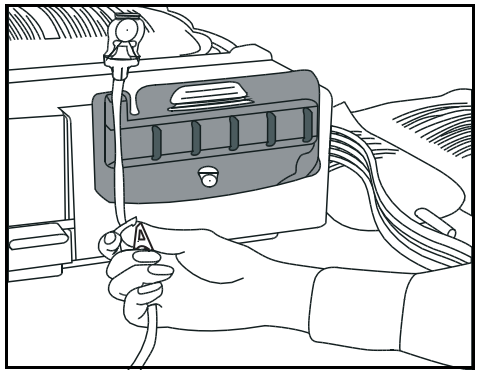
   PRIMING . . . appears.

   The display screen alternates between CONNECT YOURSELF and CHECK PATIENT LINE.



5. Verify that the patient line is properly primed.

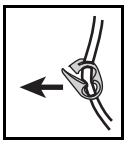
   If the fluid level is not near the connector, reprime the patient line. See 15.7, *Reprime Patient Line Procedure*, on page 15-64.

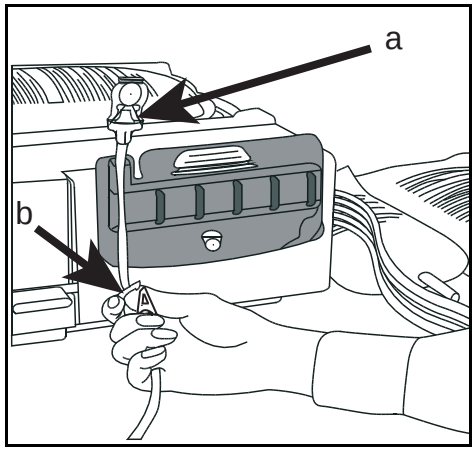


6. Before you wash your hands and connect yourself:

   a. Make sure fluid is present near the connector at the end of the patient line.

   b. Make sure the patient line clamp is open.





➤ **NOTE:** If a Low Recirculation Volume set is not primed properly, and the Fill Volume is less than 100 mL, a LOW DRAIN VOLUME alarm can occur. Improper priming in these conditions can also contribute to CAUTION: NEGATIVE UF alarms later in the therapy.

10.8.1 If Power is Interrupted During Prime

Steps to restart priming after a power failure during prime

1. ***Close all clamps***.
2. Press ***GO*** to restart the treatment.
3. Press ***GO*** again when LOAD THE SET appears.
4. Open the bag clamps when CONNECT BAGS appears.
5. Make sure all clamps on the patient line and connected lines are open.

⚠ WARNING

If a disposable set is already present in the cycler after a power failure, *CLOSE ALL CLAMPS* before you press *GO* to start your therapy. This prevents flow of fluid from one bag to another and/or to the patient during the time when LOAD THE SET is displayed. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

10.9 Connect Yourself to the Disposable Set

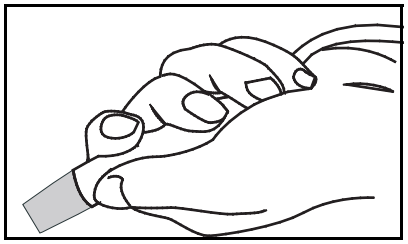
WARNINGS
CHECK FLUID LEVEL IN PATIENT LINE BEFORE CONNECTING **Do not connect to your patient line unless the fluid level is at or near the connector at the end of the disposable set patient line. Connecting when air is present will result in sterile air being delivered during the first Fill if there was no Initial Drain. Air introduced into your peritoneal cavity can cause shoulder and/or abdominal pain and may lead to serious injury.**
Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.

Follow the steps below to connect yourself to the system.

Steps to connect yourself

1. Get your transfer set ready.

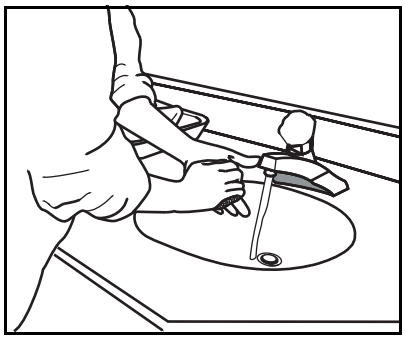
   Make the transfer set accessible, but do not remove the cap until after you have washed your hands.



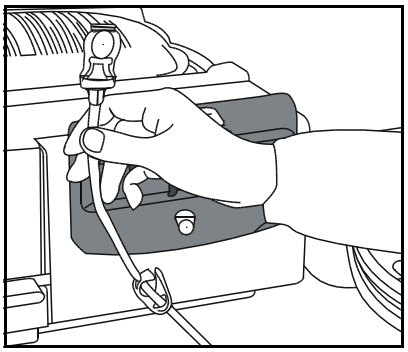
2. Prepare the room for treatment as instructed by your dialysis center.

Steps to connect yourself *(continued)*

3. Put on a face mask and wash and dry (or disinfect) your hands thoroughly.



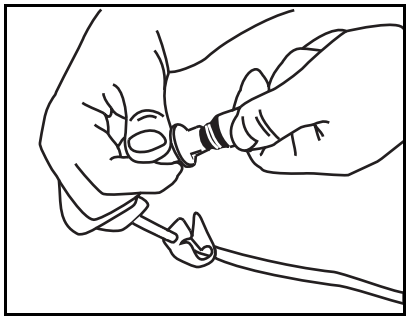
4. Remove the patient line from the organizer.



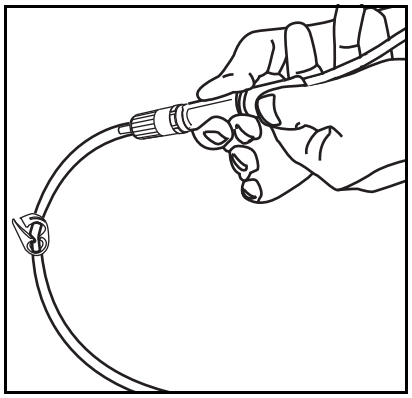
5. Connect the transfer set to the patient line.

   a. Remove pull ring from patient line connector.

   b. Remove cap from transfer set, and immediately connect to the patient line connector.



6. Open the transfer set.



Steps to connect yourself *(continued)*

7. Press ***GO*** to start your treatment.

   Treatment begins with an INITIAL DRAIN.



8. Continue with Section 11, *Operating Instructions – Perform Therapy*.

Section 11

Operating Instructions – Perform Therapy

Operating Instructions – Perform Therapy

11

Be sure you have followed all instructions in Section 10, *Operating Instructions – Prepare for Therapy*, before proceeding with this section.

⚠ WARNING

Do not replace empty solution bags or reconnect disconnected solution bags during your therapy. If a bag becomes disconnected during your therapy, follow the End Therapy Early procedure. (See 15.6, *End Therapy Early Procedure*, on page 15-61.)

Discard the disposable set and all solution bags at the end of therapy. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

11.1 Initial Drain

Your treatment always begins with Initial Drain. During each Drain phase, used dialysis solution (effluent) containing waste products and excess fluids, is drained from the peritoneal cavity.

➤ **NOTE:** Initial Drain can not be bypassed unless a LOW DRAIN VOLUME alarm occurs.

➤ **NOTE:** Change position if the Drain stops and you believe that you are not empty. Fluid may have pocketed near your catheter and changing positions can assist draining.

WARNINGS
⚠ **Inspect the initial drained effluent for clarity. If effluent is cloudy, call your dialysis center. Cloudy effluent may be a sign of peritonitis.**
⚠ **Bypassing a LOW DRAIN VOLUME alarm during Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.** **If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.** **Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.**

If your previous therapy ended early for any reason, or if you performed an off-cycler exchange, you can be left with more fluid in your peritoneal cavity than normal. If this occurs, your Initial Drain Alarm (I-DRAIN ALARM) setting may be too low. To minimize the potential for an increased intraperitoneal volume (IIPV) situation, do one of the following:

- If a VERIFY I-DRAIN: ML prompt appears, press ***STOP*** and press △ or ▽ to increase your I-Drain Alarm setting to at least 70% of your current expected peritoneal volume for this therapy only.

– OR –

- If a VERIFY I-DRAIN prompt does not appear, press ***STOP*** and ▽ to MANUAL DRAIN. Press ***ENTER*** to initiate a Manual Drain.

  STOPPED: DRAIN appears when the Manual Drain ends. You can repeat the Manual Drain any number of times without an audible alarm. Resuming the Drain can result in an audible alarm.

The system will assume that you are empty at the end of the Initial Drain. If you are not empty, the fluid in your peritoneal cavity can contribute to IIPV.

If you need to end your therapy after the Initial Drain begins, you must follow the instructions in 15.6, *End Therapy Early Procedure*, on page 15-61.

11.1.1 Menu Options During Initial Drain

```
INITIAL DRAIN
```

Table 11-1 lists the options you can select during Initial Drain.

1. Press ▽ to view each option.
2. Press ***ENTER*** to select an option.
3. Press ***STOP*** to return to the previous menu.

Table 11-1. Options Available During Initial Drain

Option	Description
Drain Volume	`DRAIN VOLUME:  60ML` Initial Drain Volume updated every few seconds.
Review Program	`REVIEW PROGRAM` Allows you to review the programmed therapy.
Current Time	`9:05 PM` Current time.
Therapy End Time	`FINISH AT  6:52 AM` *(does not appear in Hi-Dose therapies)* Estimated time when treatment will end.

11.2 Fill

⚠ WARNING

IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

After the Initial Drain, the first Fill begins. The cycler pulls dialysis solution from the heater bag and delivers it to your peritoneal cavity. The Fill phase begins the cycle.

11.2.1 Menu Options During Fill

```
FILL  X OF Y
```

Table 11-2 on page 11-5 lists the options you can select during the Fill phase.

1. Press ▽ to view each option.
2. Press ***ENTER*** to select an option.
3. Press ***STOP*** to return to the previous menu.

If performing a Hi-Dose therapy, also see 11.6, *Hi-Dose Therapy*, on page 11-16.

Table 11-2. Options Available During Fill

Option	Description
Fill Volume	FILL VOLUME: 60ML Fill Volume delivered. This is updated every few seconds.
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain of the current treatment.
Total Ultrafiltration	TOTAL UF: 252ML The total therapy UF, updated at the end of each Drain cycle. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 1:32 Average actual Dwell Time for your treatment. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Review Program	REVIEW PROGRAM Allows you to review the programmed therapy.
Current Time	11:25 PM Current time.
Therapy End Time	FINISH AT 6:52 AM *(does not appear during Day cycles in Hi-Dose therapies)* Estimated time when treatment will end.

11.3 Dwell Phase

⚠ WARNING

In a Tidal therapy, pressing the *STOP* and *GO* buttons during successive Tidal Dwell cycles (to reduce noise) can lead to a gradual increase in intraperitoneal volume (IPV). An increased intraperitoneal volume (IIPV) situation can result for patients with a low Fill Volume and a high number of cycles. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

After the first Fill, the first Dwell phase begins. During the Dwell phase, waste products and excess fluids pass from the bloodstream through the peritoneal membrane and into the dialysis solution. It is during the Dwell phase that the cycler pulls fluid from the supply bags to replenish the heater bag and warm the solution for the next Fill phase.

11.3.1 Menu Options During Dwell

```
DWELL  X OF Y
```

Table 11-3 on page 11-7 lists the options you can select during the Dwell phase.

1. Press ▽ to view each option.
2. Press ***ENTER*** to select an option.
3. Press ***STOP*** to return to the previous menu.

Table 11-3. Options Available During Dwell

Option	Description
Dwell Time Left	DWELL TIME LEFT 0:52 Dwell Time left in the current cycle.
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain of the current treatment.
Total Ultrafiltration	TOTAL UF: 252ML The total therapy UF, updated at the end of each Drain cycle. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 1:32 Average actual Dwell Time for your treatment. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Review Program	REVIEW PROGRAM Allows you to review the programmed therapy.
Current Time	12:01 AM Current time.
Therapy End Time	FINISH AT 6:52 AM *(does not appear during Day cycles in Hi-Dose therapies)* Estimated time when treatment will end.

11.4 Drain Phase

⚠ WARNING

Bypassing the Drain phase can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

The Drain phase completes the cycle.

11.4.1 Menu Options During Drain

```
DRAIN  X OF Y
```

Table 11-4 on page 11-9 lists the options you can select during the Drain phase.

1. Press ▽ to view each option.
2. Press ***ENTER*** to select an option.
3. Press ***STOP*** to return to the previous menu.

Table 11-4. Options Available During Drain

Option	Description
Drain Volume	DRAIN VOLUME: 60ML Drain Volume updated every few seconds.
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain of the current treatment.
Current Ultrafiltration	CURRENT UF: 252ML The current UF, updated throughout the Drain cycle. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 1:32 Average actual Dwell Time for your treatment. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Review Program	REVIEW PROGRAM Allows you to review the programmed therapy.
Current Time	1:45 AM Current time.
Therapy End Time	FINISH AT 6:52 AM *(does not appear during Day cycles in Hi-Dose therapies)* Estimated time when treatment will end.

11.5 Pause Therapy

Press ***STOP*** to pause your therapy. STOPPED and the current phase appears on your display screen.

➤ **NOTE:** Prescription settings can not be adjusted during a Tidal therapy.

11.5.1 Menu Options When STOP is Pressed

This sample screen shows that ***STOP*** was pressed during a Fill phase.	STOPPED: FILL
This sample screen shows that ***STOP*** was pressed during a Dwell phase.	STOPPED: DWELL
This sample screen shows that ***STOP*** was pressed during a Drain phase.	STOPPED: DRAIN

Table 11-5 on page 11-11 lists the options you can select when you press ***STOP*** during a Fill or Dwell phase.

Table 11-6 on page 11-13 lists the options you can select when you press ***STOP*** during an Initial Drain or Drain phase.

1. Press ▽ to view each option.
2. Press ***ENTER*** to select an option.
3. Press ***GO*** to continue your therapy.

Table 11-5. Options Available When STOP is Pressed During Fill or Dwell Phase

Option	Description
Fill Volume **– OR –** **Night Dwell Time Left** **– OR –** **Day Dwell Time Left**	FILL VOLUME: 60ML – or – DWELL TIME LEFT 0:52 – or – DAY DWELL TIME: 1:30 Shows the status of the current phase.
Total Ultrafiltration	TOTAL UF: ML The total therapy UF, updated after each Drain is completed.
Bypass	BYPASS Press ***ENTER*** to select. See 15.4, *Bypass Procedures*, on page 15-43 for instructions.
Change Program **– OR –** **Review Program**	CHANGE PROGRAM Press ***ENTER*** to change your therapy settings. REVIEW PROGRAM REVIEW PROGRAM appears if the program is locked. See Section 8, *Operating Instructions – Change Program* for instructions.
Make Adjustments	MAKE ADJUSTMENTS Use to adjust system settings. See Section 9, *Operating Instructions – Make Adjustments* for instructions.

Table 11-5. Options Available When STOP is Pressed During Fill or Dwell Phase *(continued)*

Option	Description
Manual Drain	MANUAL DRAIN Press ***ENTER*** to select.
Alarm Log	ALARM LOG Press ***ENTER*** to review the 20 most recent alarms. Press ***STOP*** to return to the previous menu.
Software Version	SOFTWARE VER: 10.4 Shows the software version of the *HomeChoice* or *HomeChoice Pro* APD system. ➤ **NOTE:** This guide is only applicable to software versions that begin with 10.4XX, where XX can be any 2 digits.

⚠ WARNING

Bypassing a LOW DRAIN VOLUME alarm during Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Table 11-6. Options Available When STOP is Pressed During Initial Drain or Drain Phase

Option	Description
Drain Volume	DRAIN VOLUME: 0ML Shows the status of the current phase.
Drain Alarm	I-DRAIN ALARM:1700ML – or – MIN DRAIN VOL:1700ML – or – TIDAL DRAIN: 1700ML Shows the minimum volume that the cycler expects you to drain in this cycle. ➤ **NOTE:** You may need to drain more than this to prevent a CAUTION: NEGATIVE UF alarm.

Table 11-6. Options Available When STOP is Pressed During Initial Drain or Drain Phase *(continued)*

Option	Description
Current UF	CURRENT UF: 30ML The current UF, updated throughout the Drain cycle. ➤ **NOTE:** Current UF is not shown during Initial Drain since your Initial Drain does not count towards your Current UF.
Alarm State	DRAIN NOT FINISHED If your Drain has not reached its minimum Drain amount, this message appears before reaching the bypass screen. It is an extra precaution to discourage bypassing a Drain alarm.
Bypass	BYPASS Press ***ENTER*** to select. See 15.4, *Bypass Procedures*, on page 15-43 for instructions. ➤ **NOTE:** Bypass is not displayed during Initial Drain unless you are in a Slow Flow or No Flow condition.
Change Program **– OR –** **Review Program**	CHANGE PROGRAM Press ***ENTER*** to change your therapy settings. REVIEW PROGRAM REVIEW PROGRAM appears if the program is locked. See Section 8, *Operating Instructions – Change Program* for instructions.

Table 11-6. Options Available When STOP is Pressed During Initial Drain or Drain Phase *(continued)*

Option	Description
Make Adjustments	MAKE ADJUSTMENTS Use to adjust system settings. See Section 9, *Operating Instructions – Make Adjustments* for instructions.
Manual Drain	MANUAL DRAIN Press ***ENTER*** to select.
Alarm Log	ALARM LOG Press ***ENTER*** to review the 20 most recent alarms. Press ***STOP*** to return to the previous menu.
Software Version	SOFTWARE VER: 10.4 Shows the software version of the *HomeChoice* or *HomeChoice Pro* APD system. ➤ **NOTE:** This guide is only applicable to software versions that begin with 10.4XX, where XX can be any 2 digits.

11.6 Hi-Dose Therapy

This therapy allows you to combine your regular nighttime therapies, such as CCPD or Tidal, with additional daytime exchanges. This may help improve the adequacy of your dialysis treatment.

Key features of Hi-Dose therapy include:

- Daytime exchanges. These additional exchanges may help to improve the adequacy of your dialysis treatment.
- Flexible length daytime Dwells based on your needs and daytime schedule. During the Dwell phase of a daytime exchange, you can disconnect from the cycler and have the freedom to conduct your normal daytime activities.
- Use of a disconnect cap such as the **FlexiCap**, **OptiCap**, or **MiniCap** disconnect caps between Hi-Dose exchanges.
- Different daytime and nighttime Fill volumes.
- Capability for up to nine Hi-Dose exchanges. The number of Hi-Dose exchanges is pre-programmed and fixed.
- System setup and start of therapy takes place at the time of the first Hi-Dose exchange.

11.6.1 Perform a Hi-Dose Day Exchange

➤ **NOTE:** If you bypass a Hi-Dose daytime exchange, the solution volume from that exchange will be added to the available nighttime therapy volume.

Follow the steps below to perform daytime exchange.

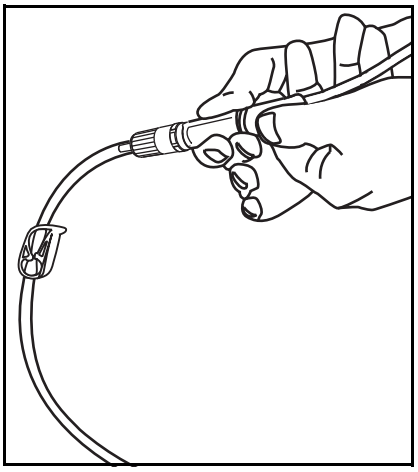
Steps to perform a daytime exchange	Display screen
Hi-Dose therapy begins when INITIAL DRAIN is complete.	INITIAL DRAIN
1. DAY FILL begins automatically when INITIAL DRAIN is complete.	DAY FILL 1 OF 1
2. When DAY FILL 1 is complete, DAY DWELL 1 begins. During Day Dwell, you can disconnect from the cycler. See 11.6.2, *Disconnect Yourself During Hi-Dose Dwell*, on page 11-18.	DAY DWELL 1 OF 1
3. Press ▽ to display elapsed DAY DWELL TIME in hours and minutes.	DAY DWELL TIME: 4:00
4. Reconnect yourself when the appropriate Dwell Time is reached. See 11.6.4, *Reconnect and Continue Treatment*, on page 11-22.	
➤ **NOTE:** Do not press ▽ or ***GO*** during the last Day Dwell until you are ready to begin your nighttime treatment.	
5. Press ***GO.*** The system automatically begins DAY DRAIN 1.	DAY DRAIN 1 OF 1
6. When DAY DRAIN 1 is complete, the nighttime therapy begins with FILL 1. See 11.2, *Fill*, on page 11-4. **– OR –** If more than one Hi-Dose exchange is programmed, the next DAY FILL begins.	FILL 1 OF 4 – or – DAY FILL 2 OF 2

11.6.2 Disconnect Yourself During Hi-Dose Dwell

Follow the steps below if you choose to disconnect yourself during Hi-Dose Dwell.

Steps to disconnect during Hi-Dose Dwell

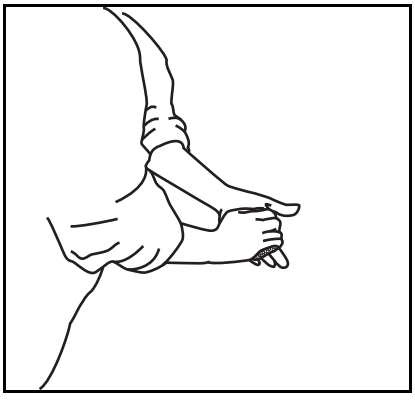
1. Close your transfer set.
2. Close the clamp on the patient line.



⚠ WARNING

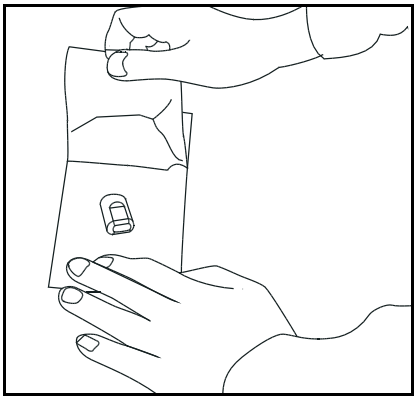
Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.

3. Put on a face mask and disinfect your hands thoroughly.

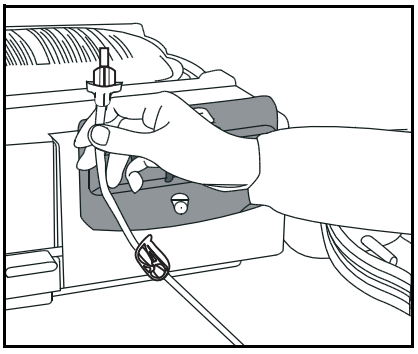


Steps to disconnect during Hi-Dose Dwell

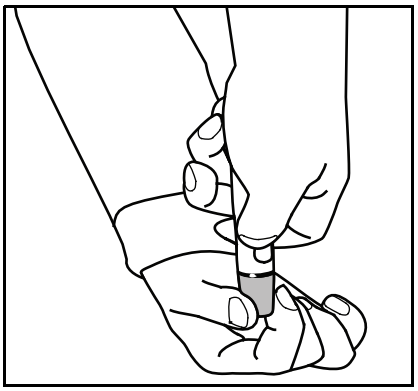
4. Open the new **MiniCap** and **FlexiCap** or **OptiCap** disconnect caps packages.



5. Disconnect the transfer set from the patient line of the disposable set.
6. Place the patient line back on the organizer.

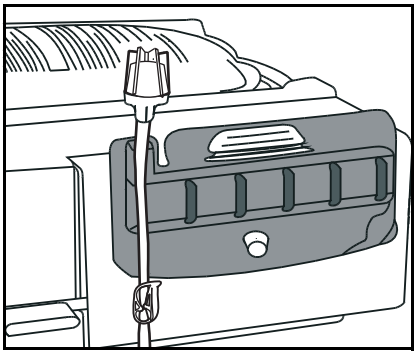


7. Immediately place the **MiniCap** disconnect cap on the transfer set.
8. Tighten the **MiniCap** until fully secured.



Steps to disconnect during Hi-Dose Dwell

9. Attach the new **FlexiCap** or **OptiCap** disconnect cap to the patient line connector in the organizer.
10. Tighten the **FlexiCap** or **OptiCap** disconnect cap until fully secured.
11. You may now leave the cycler.



11.6.3 Day Dwell Options

```
DAY DWELL  X OF Y
```

Table 11-7 on page 11-21 lists the options you can select during the Day Dwell phase in Hi-Dose Therapy.

1. Press ▽ to view each option.
2. Press ***ENTER*** to select an option.
3. Press ***STOP*** to return to the previous menu.

Table 11-7. Options Available During Day Dwell

Option	Description
Day Dwell Time	DAY DWELL TIME: 0:31 The amount of time elapsed during the daytime Dwell.
Continue Therapy	PRESS GO TO CONTINUE
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain.
Total Ultrafiltration	TOTAL UF: 252ML The total therapy UF, updated at the end of each Drain cycle. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 0:00 Average actual Dwell Time only reflects the average of the nighttime cycles. During daytime cycles, 0:00 appears. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.
Review Program	REVIEW PROGRAM Allows you to review the programmed treatment.
Current Time	6:10 PM Current time.

11.6.4 Reconnect and Continue Treatment

Follow the steps below to reconnect yourself and continue therapy.

Steps to reconnect and continue treatment

1. During the Dwell phase, press ▽ to display elapsed DAY DWELL TIME in hours and minutes.

DAY DWELL TIME: 4:00

2. When the appropriate Dwell Time is reached, prepare the room for reconnect.

➤ **NOTE:** Do not press ▽ or ***GO*** during the last Day Dwell until you are ready to begin your night treatment.

3. Press ▽.

PRESS GO TO CONTINUE

4. Press ***GO.***

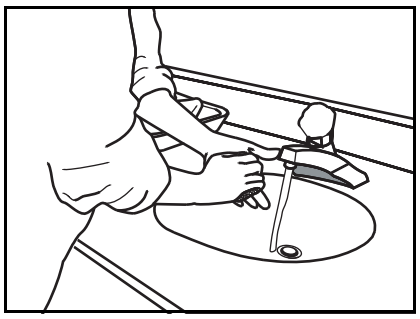
   The system reminds you to connect yourself.

CONNECT YOURSELF

⚠ WARNING

Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.

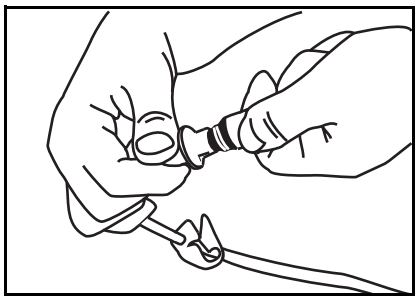
5. Put on a face mask and wash and dry (or disinfect) your hands thoroughly.



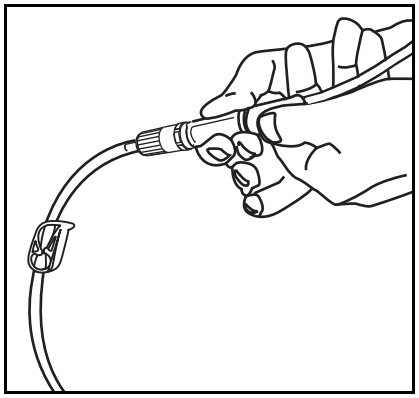
6. Remove the **FlexiCap** or **OptiCap** disconnect cap from the patient line connector.

Steps to reconnect and continue treatment *(continued)*

7. Remove the **MiniCap** disconnect cap from the transfer set connector.
8. Immediately connect the patient line connector to the transfer set.



9. Open the patient line clamp.
10. Open the transfer set.



11. Press ***GO.***

    The system automatically begins DAY DRAIN 1.



12. Discard the used **MiniCap** disconnect cap and **FlexiCap** or **OptiCap** disconnect cap.

Section 12

Operating Instructions – End Therapy

Operating Instructions – End Therapy

12

12.1 End Your Therapy

When the last phase of your treatment cycle is complete, the *HomeChoice* or *HomeChoice Pro* APD system indicates that the therapy is complete.

WARNINGS	
⚠	**Notify your dialysis center if you had an incomplete treatment, skipped the prescribed Last Fill, or in other situations as instructed by your clinician. Multiple incomplete or skipped treatments can cause reduced Dwell or Therapy Time. This can cause uremia.**
⚠	**Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.**

Follow the steps below to end your therapy and disconnect from the cycler.

Steps to end your therapy	Display screen
1. END OF THERAPY appears.	END OF THERAPY
2. Press ▽ to view the end of therapy summary information. 3. Record your I-Drain Volume and the other values in the summary. The amount shown is the total Initial Drain Volume from the current therapy.	I-DRAIN VOL: ML
4. Press ▽. LAST M-DRAIN only appears if you drained some fluid using the Manual Drain option after a Last Fill. Shows the amount of solution drained.	LAST M-DRAIN: ML
5. Press ▽. The amount shown is the TOTAL UF for the therapy.	TOTAL UF: ML

➤ **NOTE:** A low, or negative, Total UF at the end of a therapy may indicate your last Drain was incomplete and too much fluid may still remain in your peritoneal cavity. Make sure the Last Manual Drain option is set to ON, and a UF Target set with a value that equals around 70% of your expected UF. For help in converting 70% of your expected total therapy UF into a value that can be programmed as your Total UF for your Tidal therapy, see 16.17, *Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings*, on page 16-22. See also 9.2.9, *Last Manual Drain*, on page 9-12.

6. Press ***ENTER*** to access cycle-by-cycle UF information starting with the last cycle. Cycle UF values only appear for CCPD and Hi-Dose CCPD therapies.	CYCLE 5 UF: ML

Steps to end your therapy *(continued)*	Display screen

⚠ WARNING

A consistently high UF in the last cycle may indicate that UF is accumulating in your peritoneal cavity during the course of your therapy.

- **For a CCPD therapy, your Minimum Drain Volume percent may be programmed too low.**
- **For a Tidal therapy, your expected Total UF may be programmed too low.**

Either of these conditions can result in an increased intraperitoneal volume (IIPV) situation. Using a higher than normal dextrose concentration in combination with either of these conditions can further increase the risk of an IIPV situation. IIPV can result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms those patients not able to communicate essential information to their caregiver during treatment, such as small children or infants.

7. Press ▽ to continue accessing Cycle UF values.

   You can view up to 29 cycles.

   Press ***STOP*** to return to the previous menu after Cycle UF values have been reviewed.

   Cycle UF values only appear for CCPD and Hi-Dose CCPD therapies.



Steps to end your therapy *(continued)*	Display screen
8. Press ▽. The average actual DWELL TIME for the therapy is shown. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to END OF THERAPY.	AVG DWELL TIME:HH:MM
9. Press ▽. The amount of Dwell Time LOST or ADDED is based on the estimated Dwell Time calculated at the beginning of therapy. If the Lost Dwell is 30 minutes or longer, and you have not viewed this information, the system will beep and display the Lost Dwell Time.	LOST DWELL: HH:MM ADDED DWELL: HH:MM
10. Press ▽. Press ***ENTER*** to select MANUAL DRAIN.	MANUAL DRAIN
11. Press ▽. Press ***ENTER*** to review the 20 most recent alarms. Press ***STOP*** to return to END OF THERAPY.	ALARM LOG END OF THERAPY
12. Press ***GO***. CLOSE ALL CLAMPS appears.	CLOSE ALL CLAMPS

Steps to end your therapy *(continued)*	Display screen

⚠ WARNING

A CALL PD NURSE / HIGH DRAIN XYZ message is an indication that you may have experienced increased intraperitoneal volume (IIPV) during your previous therapy. IIPV can result in a feeling of abdominal discomfort, serious injury, or death.

Refer to 15.3.1, *Call PD Nurse / High Drain XYZ*, on page 15-5 for further instructions.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

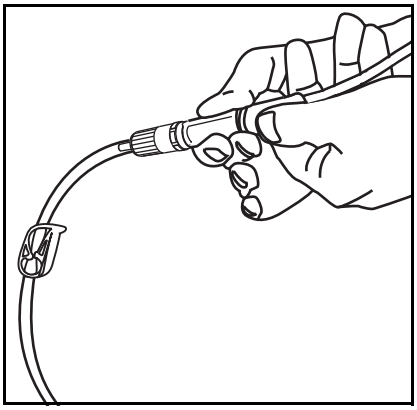
Additional care should be taken to monitor for IIPV symptoms those patients not able to communicate essential information to their caregiver during treatment, such as small children or infants.

⚠ WARNING

Do not press *GO* again until you have *CLOSED ALL CLAMPS*. This prevents the flow of fluid from one bag to another and/or to the patient during the time when DISCONNECT YOURSELF appears. This flow of fluid could result in an increased intraperitoneal volume (IIPV) situation. IIPV can result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

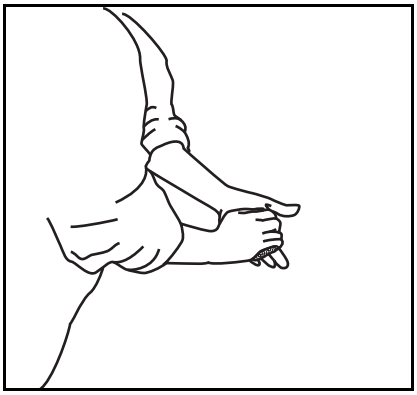
Additional care should be taken to monitor for IIPV symptoms those patients not able to communicate essential information to their caregiver during treatment, such as small children or infants.

Steps to end your therapy *(continued)*	Display screen
13. Close the transfer set. 14. Close patient clamp on disposable set. 15. ***Close all clamps*** and disconnect yourself as instructed in the steps in 12.2, *Disconnect Yourself*. Do ***not*** press ***GO*** again until ***after*** you have disconnected.	

12.2 Disconnect Yourself

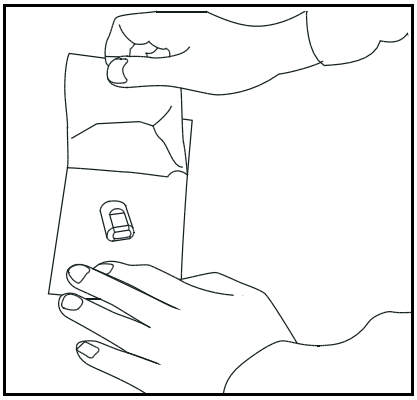
⚠ WARNING

Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.

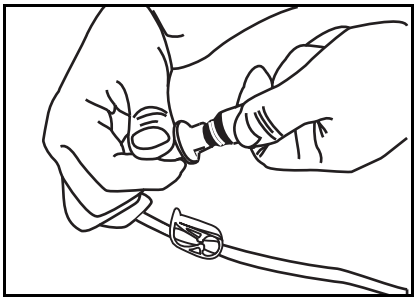
Steps to disconnect yourself	
1. Put on a face mask and disinfect your hands thoroughly.	

Steps to disconnect yourself *(continued)*

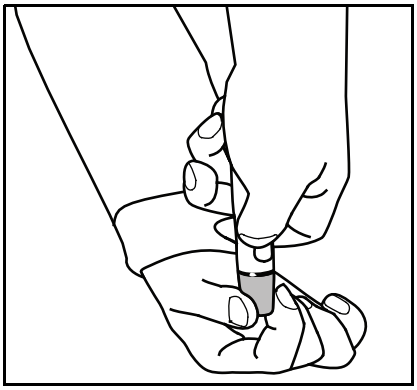
2. Open the new **MiniCap** disconnect cap package.



3. Disconnect the transfer set from the patient line of the disposable set.



4. Immediately place the **MiniCap** disconnect cap on the transfer set.
5. Tighten the **MiniCap** until fully secured.



⚠ WARNING

Do *NOT* press *GO* again until *AFTER* you have disconnected! Touching any unsterile surface before completing your disconnect increases your risk of infection.

12.3 Shut Down

WARNINGS
⚠ **Discard the disposable set and all solution bags at the end of therapy. Possible contamination of the fluid or fluid pathways could result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.**
⚠ **Do not open the door until you have *CLOSED ALL CLAMPS*.** **This prevents the flow of fluid from one bag to another, and/or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.** **If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.** **Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.**

Steps to shut down the cycler

➤ **NOTE:** ***Close all clamps*** and disconnect yourself by following the steps in 12.2, *Disconnect Yourself*, on page 12-6 before continuing.

1. Press ***GO.***

   The display alternates between CLOSE ALL CLAMPS and DISCONNECT YOURSELF.

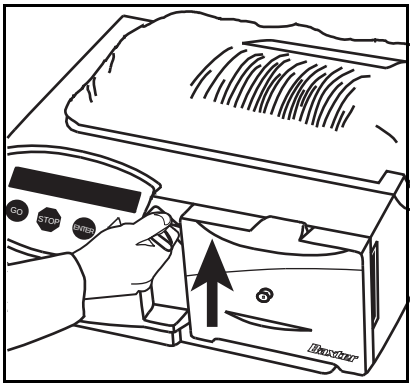
   The occluder (behind door) retracts for 2 minutes (30 seconds for Fill volumes less than or equal to 500 mL) to allow removal of the cassette.

CLOSE ALL CLAMPS

DISCONNECT YOURSELF

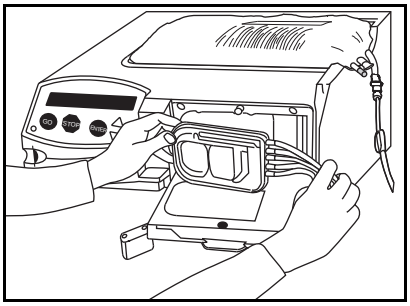
2. Lift the handle up to unlock and open the door.
3. If the occluder closes before you open the door, press ***STOP*** and then ***GO***.

   The occluder retracts again for a short time.



4. Remove and discard the disposable set and solution bags.

   Follow your local guidelines for disposal of dialysis waste materials, and check with your local authorities if questions arise about the waste disposal regulations in your area.



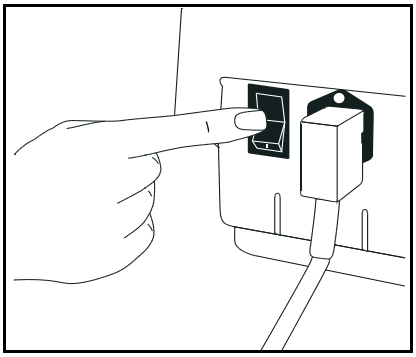
5. Press ***GO.***

   TURN ME OFF appears.

TURN ME OFF

Steps to shut down the cycler *(continued)*

6. Press the On/Off switch to the OFF position.



Section 13

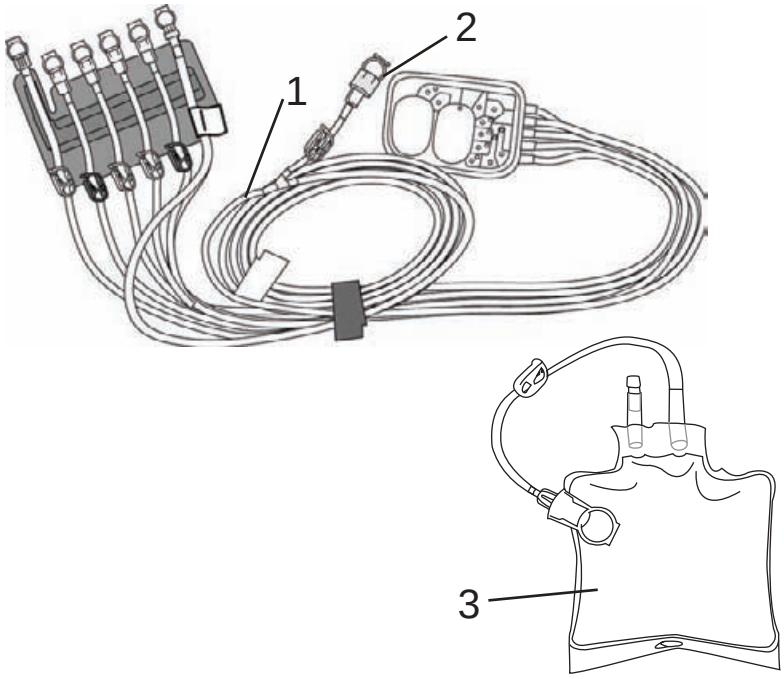
Operating Instructions – Effluent Sampling

Operating Instructions – Effluent Sampling

13

13.1 Introduction

An effluent sample is a small amount of solution that has been drained from the peritoneal cavity during your regular drain. Your dialysis nurse will tell you how often you should take a sample.



1. Drain Line
2. Effluent Sampling Site
3. Effluent Sample Bag

Figure 13-1. Disposable Set

⚠ WARNING

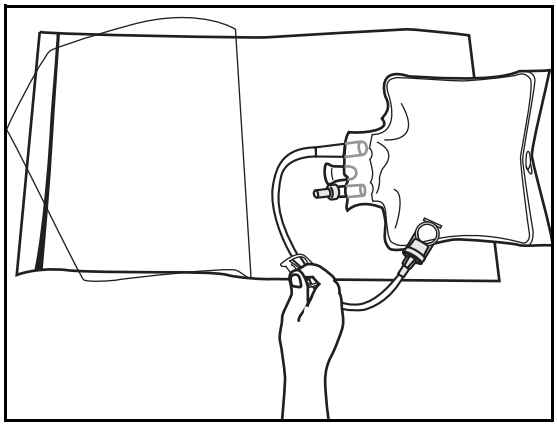
Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.

13.2 Take an Effluent Sample

Follow the steps below to take an effluent sample.

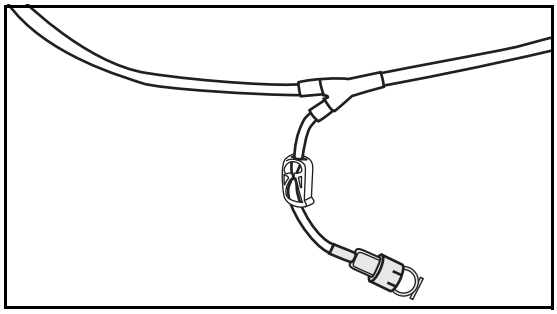
Steps to take an effluent sample

1. Open the effluent sample bag packaging.
2. Close the clamp on the effluent sample bag.



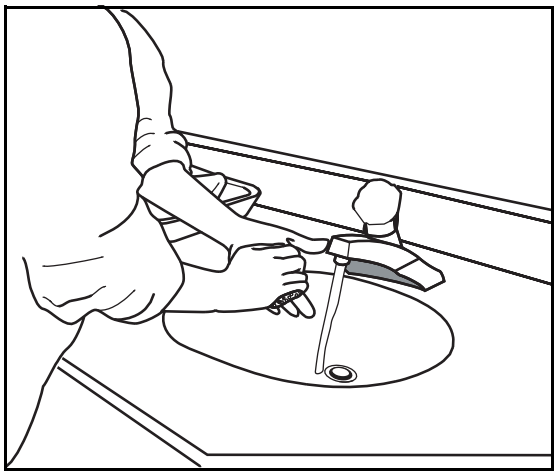
3. Prepare the sampling site.

   Make sure the clamp is closed on the sampling line.



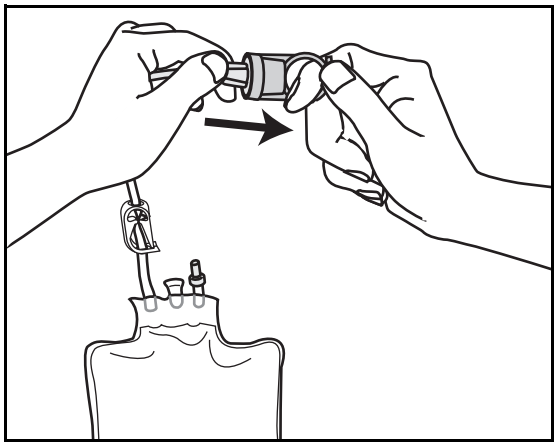
Steps to take an effluent sample *(continued)*

4. Put on a face mask and wash and dry (or disinfect) your hands thoroughly.



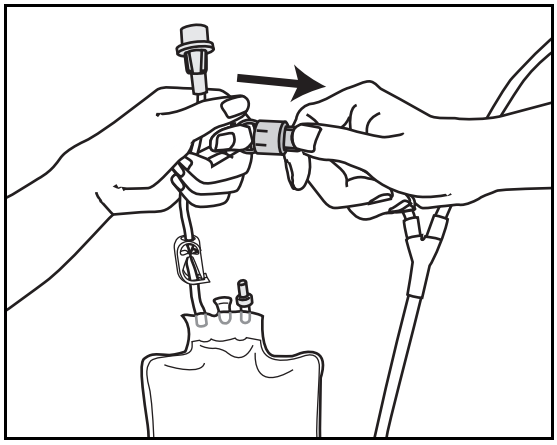
5. Remove the cap from the effluent sample bag.

   Save the cap to recap the connectors.



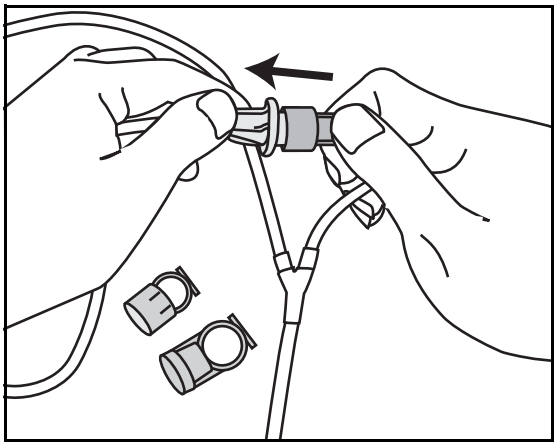
6. Remove the cap from the sampling site.

   Save the cap to recap the connectors.

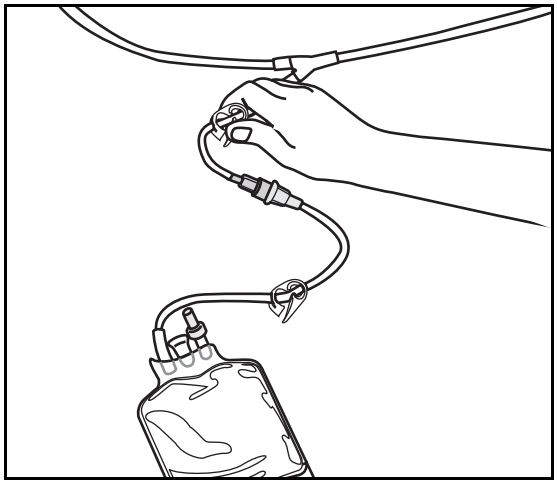


Steps to take an effluent sample *(continued)*

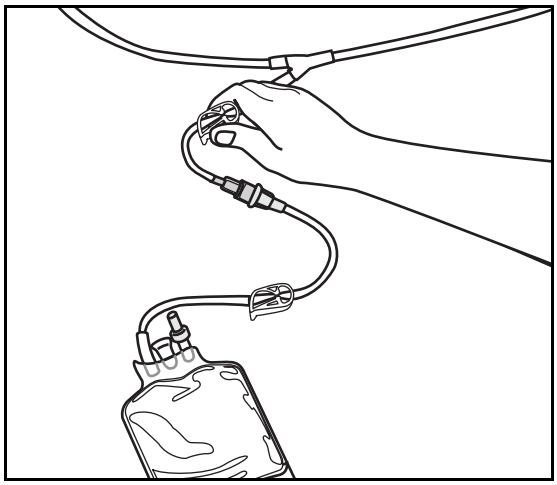
7. Connect the effluent sample bag and position the bag below the level of the drain line.



8. After draining for 2 or 3 minutes, open the clamps.

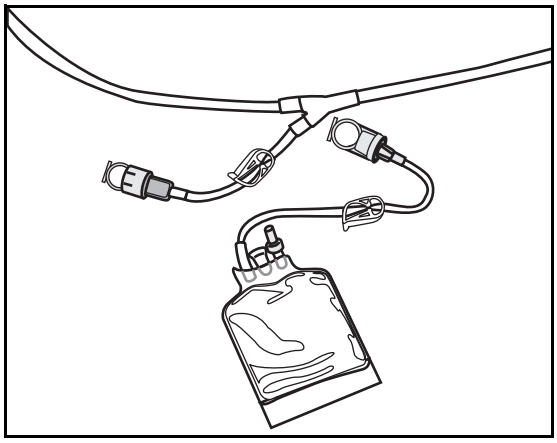


9. When the effluent sample bag is full, close both clamps.



Steps to take an effluent sample *(continued)*

10. Disconnect the effluent sample bag from the drain line and recap the connectors.



➤ **NOTE:** Follow your dialysis nurse's instructions for handling the effluent sample.

Section 14

Cleaning, Maintenance, and Storage

Cleaning, Maintenance, and Storage

14

14.1 Cleaning

WARNINGS	
⚠	Do not open the system cycler. Electrical circuitry inside may pose a shock hazard.
⚠	Do not apply alcohol, hydrogen peroxide, or antiseptic containing alcohol to the disposable set or to the cassette interface inside the door of the cycler. Using these products can cause the cassette to develop cracks.
⚠	Unplug the system power cord from the wall outlet, or other AC power source, before cleaning the cycler. Failure to do so can cause an electric shock.

⚠ CAUTION

Do not use chemical cleaning agents or aerosol spray cleaners. These products may damage the plastics or surface finishes.

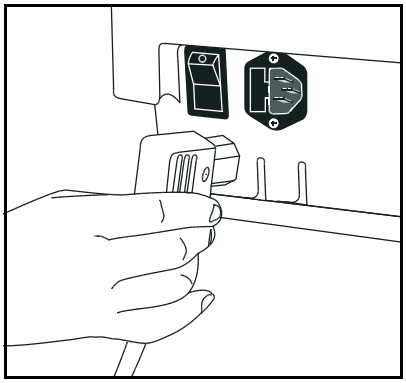
➤ **NOTE:** The cycler does not need to be sterilized or disinfected between uses. The system uses a disposable set that provides a sterile fluid pathway.

14.1.1 Cleaning the Cycler

The surface of the cycler should only be cleaned using mild soap and water. Follow the steps below to clean your cycler.

Steps to clean the cycler

1. Turn the cycler OFF.
2. Unplug the cycler from the power source.



3. Use a small amount of mild soap and water to wipe the exterior.

⚠ WARNING

Do not apply alcohol, hydrogen peroxide, or antiseptic containing alcohol to the disposable set or to the cassette interface inside the door of the cycler. Using these products can cause the cassette to develop cracks.

4. Wipe up any solution spills as soon as possible.

   Any residue may be cleaned with a mixture of mild soap and water.

14.2 Preparing the Cycler for Return to Baxter

IMPORTANT!

Return this cycler to your dialysis center or to Baxter by calling Baxter Technical Assistance at the number listed in 2.2, Numbers to Call for Assistance, on page 2-1.

Before you return the system cycler to Baxter, follow the steps below:

Steps to prepare the cycler for return	
1.	Put on protective rubber gloves and an apron.
2.	Mix a sanitizing solution of 1 gallon (3.8 liters) water and 16 oz or 2 cups (0.5 liter) household bleach.
3.	Wipe all outer surfaces of the cycler with a sponge dampened with the sanitizing solution. Be careful not to apply too much solution.
4.	Use a clean cloth or paper towels to wipe any excess moisture from the surface.

If you have any questions or have difficulty with this procedure, contact Baxter Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1.

14.3 Maintenance

A regular maintenance schedule is not needed unless otherwise instructed by Baxter. The system monitors itself. It will notify you if service is needed.

The battery pack is automatically checked and recharged during operation. The battery does not need regular maintenance.

14.4 If You Require a New System or "Swap"

14.4.1 All Users

If your system must be returned for service, call your dialysis center. Be sure that you or your dialysis center has a copy of your latest prescription. Then call Baxter Technical Assistance for instructions. See 2.2, *Numbers to Call for Assistance*, on page 2-1.

⚠ WARNING

Make sure that you are able to complete all of your treatments as prescribed by your nephrologist.

If your cycler can not begin or complete your treatment, perform manual exchanges as instructed by your dialysis center until your new device arrives.

Too many incomplete or skipped treatments can cause reduced Dwell or Therapy Time. This can cause uremia.

Your newly swapped system will have default values. Call your dialysis center to program your device.

14.4.2 *HomeChoice Pro* APD System Users

If you have a *HomeChoice Pro* APD system, remove the Pro Card from the old cycler. Insert the Pro Card into the new cycler and turn on the power.

When the display prompts you to CONFIRM CARD, follow the procedures in 7.2.2, *Confirm Your Pro Card*, on page 7-4 and 7.2.3, *Confirm a New Therapy*, on page 7-5. When the card is confirmed, the new system is updated to match the therapy settings on your old system, including any manual changes you made.

➤ **NOTE:** If you used a modem with your old system, detach the cable from your old system and plug it into the new system. See 7.4, *Install the Modem Option*, on page 7-16 for instructions.

14.5 Storage

14.5.1 Cycler

The *HomeChoice* or *HomeChoice Pro* APD system should be stored in the following conditions:

- Temperature between –25°F to 130°F (–32°C to 54°C)
- Humidity between 10% and 95%
- Altitude –1,100 ft to +18,000 ft (–340 m to +5,500 m)

14.5.2 Battery

If the cycler is not used for more than 12 months, the battery pack must be removed. This must be done by a qualified Baxter service representative. See 2.2, *Numbers to Call for Assistance*, on page 2-1.

14.5.3 Dialysis Solution and Disposables

Follow the instructions on the label supplied with the dialysis solution and disposables for storage and preparation. Failure to follow the solution and disposable label instructions may lead to insufficient therapy or adverse clinical reaction.

WARNINGS
⚠ **Do not use a Patient Line Extension with the Low Recirculation Set. Using an extension with this set increases the recirculation volume and reduces therapy effectiveness.**
⚠ **Do not extend the patient line beyond 34 feet (10.4 meters) for the standard set. Extending the patient line beyond this length:** ■ **Increases the recirculation volume which can result in reduced therapy effectiveness.** ■ **Impacts priming which can result in air infusion. Air infusion can cause shoulder and/or abdominal pain and may lead to serious injury.**
⚠ **Do not use a disposable set or Patient Line Extension if tip protectors are not in place. If the tip protectors are not secure, possible contamination of the fluid or fluid pathways can result. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.**
⚠ **If the solution is not clear, do not use and discard the bag. Follow the labeling instructions supplied with the dialysis solution for storage and preparation. Failure to follow the solution labeling instructions can lead to insufficient therapy or adverse clinical reaction.**

Section 15

Troubleshooting

15 Troubleshooting

This section contains information about alarms, and also contains special procedures related to alarm situations.

➤ **NOTE:** Alarms pertaining to the Pro Card are described in 7.3, *Display Messages*, on page 7-12.

15.1 List of Alarms and Procedures

The following is an alphabetical list of alarm messages and special procedures contained in this section:

Alarm Messages	Page
Caution: Negative UF	15-25
Caution: Positive UF	15-34
Call PD Nurse	15-5
Check Day Fill Vol	15-11
Check Drain Line	15-7
Check Fill Volume	15-11
Check Final Line	15-7
Check Heater Line	15-7
Check Last Fill Vol	15-11
Check Lines and Bags	15-7
Check Nite Fill Vol	15-11

Alarm Messages *(continued)* **Page**

Check Patient Line. 15-7
Check Patient Weight. 15-11
Check Supply Line 15-7
Check Therapy Time 15-11
Check Tidal Vol Pct 15-11
Check Total UF 15-11
Check Total Volume 15-11
Check Your Position 15-29
Drain Not Finished 15-12
Fill Not Finished. 15-12
High Drain XYZ. 15-5
Load a New Set. 15-13
Load New Set & Bags 15-13
Low Battery 15-14
Low UF. 15-15
Low Drain Volume 15-17
Machine Tilted 15-23
Refill Not Finished. 15-12
Reload The Set 15-31
Slow Flow Drain. 15-22
Slow Flow Heater 15-22
Slow Flow Patient 15-22
Slow Flow Supply 15-22

Alarm Messages *(continued)*	Page
System Errors 2240 or 2267	15-37
System Error nnnn	15-39
Temp Stabilizing	15-41
Verify I-Drain	15-35
Warming Solution	15-24

Special Procedures	Page
Bypass Procedures	15-43
Emergency Disconnect Procedure	15-70
End Therapy Early Procedure	15-61
Increased Intraperitoneal Volume (IIPV)	15-65
Manual Drain Procedure	15-59
Power Failure	15-67
Reprime Patient Line Procedure	15-64

15.2 Correcting Alarms

During therapy, the *HomeChoice* or *HomeChoice Pro* APD system (the system) continually checks that the proper fluid volumes have been exchanged within the range of the programmed prescription. It also monitors the internal system. Whenever the system finds an issue, it will:

- Sound an alarm
- Stop moving solution, in some circumstances
- Display the type of alarm
- Record the issue on the Pro Card, if applicable

15.2.1 Types of Alarms

There are three types of alarm messages that can occur during therapy:

- **Auto Restart**

  These alarms can be corrected by reading the display screen and checking for the problem explained in the alarm message.

  - You do not need to press any buttons to correct these alarms.
  - The alarms beep 3 times, then the system continues therapy.
  - If the alarm continues, the system beeps 6 times then continues therapy.

  After an Auto Restart Alarm occurs twice, the alarm becomes a Manual Restart Alarm.

- **Manual Restart**

  These alarms must be corrected by following the instructions in 15.3, *Alarms*, on page 15-5.

  - The alarms beep continuously until you press ***STOP***.
  - Press ***STOP***, correct the problem, then press ***GO*** to continue your therapy.

- **System Error**

  These alarms are caused by problems inside the system. Contact Baxter for assistance when these occur. Baxter Technical Assistance is available 24 hours a day for system users. Call the number located in 2.2, *Numbers to Call for Assistance*, on page 2-1.

15.3 Alarms

15.3.1 Call PD Nurse / High Drain XYZ

⚠ WARNING

A CALL PD NURSE/HIGH DRAIN XYZ message indicates that you may have experienced increased intraperitoneal volume (IIPV) during your previous therapy. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

CALL PD NURSE / HIGH DRAIN XYZ

Display Message:

CALL PD NURSE

alternates with

HIGH DRAIN XYZ

Cause:

This message appears if you had a large Drain volume at any point in your previous therapy. It can appear at the end of the current treatment or, if the system was shut down early, it appears at the beginning of your next treatment.

(continued on next page)

CALL PD NURSE / HIGH DRAIN XYZ *(continued)*

Cause:
(continued)

A large Drain Volume is defined as draining more than 200% of the maximum programmed Fill Volume (Day Fill Volume, Night Fill Volume, or Last Fill Volume) for Standard Fill Mode therapies; or more than 190% of the maximum programmed Fill Volume (Day Fill Volume, Night Fill Volume, or Last Fill Volume) for Low Fill Mode therapies.

The number which appears after HIGH DRAIN indicates when it occurred.

First Digit (X)	Last 2 Digits (YZ)
0 = Day Drain	Day Drain cycle #
1 = Night Drain	Night Drain cycle #
2 = Manual Drain	Manual Drain #

For instance, if HIGH DRAIN 105 appears, this means an unexpectedly large volume was drained during Night Drain (1), in cycle five (05).

To Correct:

1. Press ***STOP*** to mute the alarm.
2. Contact Baxter Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1, to discuss how to reduce the likelihood of this large drain volume occurring in the future.
3. Contact your dialysis center if this alarm continues.

   You might require changes to your programmed therapy to reduce the risk of increased intraperitoneal volume (IIPV).

15.3.2 Check Lines

⚠ WARNING

Do not replace empty solution bags or reconnect disconnected solution bags during your therapy.

Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

If a bag becomes disconnected during your therapy, follow the End Therapy Early procedure. Discard the disposable set and all solution bags at the end of therapy. See 15.6, *End Therapy Early Procedure*, on page 15-61.

CHECK LINE

Display Message:

CHECK DRAIN LINE	CHECK PATIENT LINE
CHECK FINAL LINE	CHECK SUPPLY LINE
CHECK HEATER LINE	CHECK LINES AND BAGS

Cause 1 of 3: In most instances, this is an Auto Restart Alarm.

The line referenced on the display screen is blocked or the solution bag is empty.

If CHECK LINES AND BAGS is displayed, one or more of the lines may be blocked or solution bags are empty.

CHECK LINE *(continued)*

To Correct Cause 1 of 3:

1. Check the line referenced on the display screen for:
   - Kinks
   - Closed clamps
   - Fibrin blockage
   - Disconnected solution bags
   - Empty solution bags
2. Correct the issue you found.

   You do not need to press any buttons.

   – OR –

   If the alarm becomes a Manual Restart Alarm:

1. Press ***STOP*** to mute the alarm.
2. Check the line referenced on the display screen for:
   - Kinks
   - Closed clamps
   - Fibrin blockage
   - Disconnected solution bags
   - Empty solution bags
3. Correct the issue you found, if possible.

   – OR –

   If the issue is not corrected, contact your dialysis center.
4. Press ***GO*** to return to the therapy.

CHECK LINE *(continued)*

Cause 2 of 3: CHECK PATIENT LINE appears at start of Fill 1.

- The clamp on the patient line was not opened after connecting the solution bags or after you were connected. This prevented priming of the patient line and caused the Initial Drain to end with little or no fluid drained.

If this alarm occurs, do *not* open the clamp.

⚠ WARNING

Opening the clamp while this alarm is occuring can cause air to be delivered to your peritoneal cavity. This can can cause shoulder and/or abdominal pain and may lead to serious injury. This can also result in an increased intraperitoneal volume (IIPV) situation if you had fluid in your peritoneal cavity prior to the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

CHECK LINE *(continued)*

To Correct Cause 2 of 3:

If you suspect this is the cause:

1. Press ***STOP.***
2. If MANUAL DRAIN is not already displayed, press ▽ until you see MANUAL DRAIN.
3. Press ***ENTER*** to initiate a Manual Drain. Then open the clamp on the patient line.

   Do ***not*** open the clamp until ***after*** you press ***ENTER***.
4. When the Manual Drain ends, STOPPED: FILL appears.
5. Press ***GO*** to resume Fill.

Cause 3 of 3:

CHECK HEATER LINE appears at start of Fill 1 only.

- The pump chambers are not able to fill from the heater or empty to the drain completely.
- Blocked heater or drain line.

To Correct Cause 3 of 3:

1. Check heater line and heater bag for any blockage or flow restriction.
2. Check drain line and drain option for any blockage or flow restriction.

   ➤ **NOTE:** Even though CHECK HEATER LINE appears on the display screen, it is possible that the cause is a blocked drain line.
3. Correct the issue you found, if possible.

   – OR –

   If the issue is not corrected, contact your dialysis center.

15.3.3 Check Therapy Setting Value

CHECK SETTING VALUE

Display Message:

CHECK THERAPY TIME	CHECK TIDAL VOL PCT
CHECK TOTAL UF	CHECK TOTAL VOLUME
CHECK PATIENT WEIGHT	CHECK FILL VOLUME
CHECK NITE FILL VOL	CHECK DAY FILL VOL
CHECK LAST FILL VOL	

Cause:

The value of the programmed therapy setting is not valid. If you are using a *HomeChoice* or *HomeChoice Pro* APD system for the first time, this alarm occurs to remind you to program your therapy.

This is a Manual Restart Alarm.

To Correct:

1. Press ***STOP*** to mute the alarm.

   The display screen automatically returns to the incorrect setting and flashes the value you need to change.
2. Change the value or other values.
3. Press ***ENTER*** to save the new value.
4. Press ***STOP*** to exit Change Program.

15.3.4 Phase Not Finished

⚠ WARNING

Bypassing the Drain phase can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

NOT FINISHED

Display Message:

DRAIN NOT FINISHED

REFILL NOT FINISHED

FILL NOT FINISHED

Cause:

You have tried to bypass an alarm or phase and you have not completed the phase.

This is a Manual Restart Alarm.

To Correct:

1. Press ***STOP*** to mute the alarm.
2. Check with your dialysis center to learn when it is safe to bypass. See 15.4, *Bypass Procedures*, on page 15-43.
3. If you are sure that you want to bypass the alarm or phase, press ▽ until the display screen shows BYPASS.
4. Press ***ENTER*** to select BYPASS.

   You have bypassed the alarm or phase and moved to the next phase in your therapy.

15.3.5 Load a New Set

LOAD A NEW SET

Display Message:

LOAD A NEW SET	LOAD NEW SET & BAGS
alternates with	alternates with
CLOSE ALL CLAMPS	CLOSE ALL CLAMPS

Cause:

The disposable set has failed testing during setup.

This is a Manual Restart Alarm.

To Correct:

1. Press ***STOP*** to mute the alarm.
2. Remove and discard the disposable set, and solution bags if necessary.
3. Get a new disposable set, and new solution bags if needed.
4. Load the cassette.
5. Press ***GO*** and follow the setup instructions on the display screen.

➤ **NOTE:** When loading or unloading the set, the occluder remains retracted for a short period of time. If the occluder comes back out again, this can make it difficult to load a set. If necessary, press ***STOP*** and ***GO*** to retract the occluder again to make loading a new set easier.

15.3.6 Low Battery

LOW BATTERY	
Message Display:	LOW BATTERY PRESS GO TO START
Cause 1 of 2:	Battery discharged due to a power failure or lack of use.
To Correct Cause 1 of 2:	1. Plug cycler into outlet for 12 hours. 2. If the message appears again at the next therapy, contact Baxter Technical Assistance at the number located in 2.2, *Numbers to Call for Assistance*, on page 2-1.
Cause 2 of 2:	Device battery will not recharge.
To Correct Cause 2 of 2:	1. Contact Baxter Technical Assistance at the number located in 2.2, *Numbers to Call for Assistance*, on page 2-1.

15.3.7 Low Ultrafiltration (UF)

⚠ WARNING

Bypassing a LOW UF alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

LOW UF

Display Message: LOW UF

Cause:

The UF Target was not met.

This setting is programmed as a part of the Last Manual Drain feature.

- When ALARM: YES is set, this is an audible Manual Restart Alarm.
- When ALARM: NO is set, this is a silent Manual Restart Alarm with a display message only.

To Correct:

1. Press ***STOP***.
2. Press ***GO*** to continue draining automatically.

   – OR –

3. Press ▽ to:
   - View Manual Drain information.
   - Initiate a Manual Drain.

Steps to bypass LOW UF alarm	Display screen
	LOW UF
1. Press ***STOP***.	DRAIN X OF Y alternates with LOW UF
2. Press ▽. 3. Check DRAIN VOLUME.	DRAIN VOLUME: ML
4. Press ▽. The minimum volume that the cycler expects you to drain in this cycle is shown.	MIN DRAIN VOL: ML
5. Press ▽. The CURRENT UF, updated throughout the Drain phase, is shown.	CURRENT UF: ML
6. Press ▽ to display BYPASS. Check with your dialysis center to learn when it is safe to bypass.	BYPASS
7. Press ***ENTER*** to bypass. END OF THERAPY or LAST FILL appears.	END OF THERAPY – or – LAST FILL

15.3.8 Low Drain Volume

LOW DRAIN VOLUME

Display Message: LOW DRAIN VOLUME

This is an Auto Restart Alarm that will transition to a Manual Restart Alarm if not corrected.

Cause 1 of 2:

- Catheter obstruction
- Poor catheter position
- The system's location is too high relative to your position

To Correct Cause 1 of 2:

1. Change your position to try to drain more fluid.
2. Check for kinks in your patient line.
3. Correct the problem you found.

   You do not need to press any buttons.

   – OR –

   If the alarm becomes a Manual Restart Alarm:

1. Press ***STOP*** to mute the alarm.
2. Change your position or lower the cycler by 6 inches (15 cm).
3. Press ***GO*** to return to your therapy.

Cause 2 of 2:

If the alarm continues during your therapy, or if the alarm occurs regularly over multiple therapies:

- I-Drain Alarm is set too high for the expected patient Drain Volume
- You are empty at the start of I-Drain and the I-Drain Alarm setting is too high
- Fibrin blockage or catheter migration

LOW DRAIN VOLUME *(continued)*

To Correct Cause 2 of 2:

1. Follow the steps below to check your Drain Volume and I-Drain Alarm. Ensure the I-Drain is appropriate for you. See 16.16, *Determining Initial Drain Alarm Volume Settings*, on page 16-20.
2. Contact your dialysis center to verify that your I-Drain setting is correct. Discuss if medication is required to help manage fibrin blockage and to verify catheter flow. Contact your dialysis center to learn when it is safe to bypass. See 15.4.5, *Bypass LOW DRAIN VOLUME Alarm*, on page 15-50.

Steps to check the Drain Volume	Display screen
LOW DRAIN VOLUME appears on the screen.	LOW DRAIN VOLUME
1. Press ***STOP*** to silence the alarm.	LOW DRAIN VOLUME alternates with DRAIN 2 OF 5
2. Press ▽ to check your DRAIN VOLUME.	DRAIN VOLUME: ML
3. Press ▽. An incomplete Initial Drain causes fluid to remain in your peritoneal cavity. This can cause the actual UF to be lower than the Current UF displayed. This screen does not appear during Initial Drain.	I-DRAIN VOL: ML

Steps to check the Drain Volume *(continued)*	Display screen
4. Press ▽. The minimum volume that the cycler expects you to drain in this cycle is shown. ➤ **NOTE:** You may need to drain more than this to prevent a CAUTION: NEGATIVE UF alarm.	I-DRAIN ALARM: ML – or – MIN DRAIN VOL: ML – or – TIDAL DRAIN: ML
5. Press ▽. The CURRENT UF, updated throughout the Drain phase, is shown	CURRENT UF: ML
6. Press ▽. A Drain alarm message appears. DRAIN NOT FINISHED is displayed if the current Drain phase has not reached the Minimum Drain Volume required. CAUTION: NEGATIVE UF is displayed if you have retained more than the allowed percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles.	DRAIN NOT FINISHED – or – CAUTION NEGATIVE UF
7. Press ▽ to display BYPASS.	BYPASS

Steps to check the Drain Volume *(continued)*	Display screen

⚠ WARNING

Bypassing a LOW DRAIN VOLUME alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

➤ **NOTE:** Resume the Drain or select MANUAL DRAIN unless you have absorbed a lot of fluid. Resuming the Drain can result in an audible alarm. Using Manual Drain repeatedly does not generate an audible alarm.

Steps to check the Drain Volume *(continued)*	Display screen
8. **Select one of the following options:**	
a. Press ***GO*** to return to Drain if you do not want to bypass. This is the *recommended* option.	BYPASS DRAIN 2 OF 5
– OR –	
b. Press ▽ until MANUAL DRAIN appears. Press ***ENTER***.	BYPASS MANUAL DRAIN DRAINING: ML
– OR –	
c. Press ***ENTER*** to bypass only if your clinician instructs you to do so. Contact your dialysis center to learn when it is safe to bypass. You have bypassed the LOW DRAIN VOLUME alarm. The next Fill begins.	BYPASS FILL 3 OF 5

➤ **NOTE:** Do ***not*** bypass if you have a negative UF, if your current Drain Volume is lower than usual, or if your abdomen does not feel empty.

➤ **NOTE:** By selecting BYPASS, you are skipping a critical safety aspect of your therapy. The system considers you empty and will deliver your entire prescribed Fill Volume unless you have a CAUTION: NEGATIVE UF alarm. If you have a CAUTION: NEGATIVE UF alarm, see 15.3.12, *Caution: Negative UF*, on page 15-25.

15.3.9 Slow Flow Rate

SLOW FLOW

Display Message:

SLOW FLOW DRAIN	SLOW FLOW HEATER
SLOW FLOW PATIENT	SLOW FLOW SUPPLY

Cause:

Flow rate is very slow. A Slow Flow rate can reduce the Dwell Time and decrease the amount of effective dialysis time. There can be a partial kink on the specified line.

This is an Auto Restart Alarm.

➤ **NOTE:** SLOW FLOW DRAIN alarms can not be bypassed.

To Correct:

1. Check the line shown in the display for:
   - Kinks
   - Closed clamps
   - Fibrin blockage
   - Disconnected solution bags
   - Empty solution bags
2. Correct the problem you found.

   You do not need to press any buttons.

– OR –

If the alarm becomes a Manual Restart Alarm:

1. Press ***STOP*** to mute the alarm.
2. Check the line shown in the display for:
   - Kinks
   - Closed clamps
   - Fibrin blockage
   - Disconnected solution bags
   - Empty solution bags
3. Correct the problem you found.
4. Press ***GO*** to return to the therapy.

15.3.10 Machine Tilted

MACHINE TILTED	
Display Message:	MACHINE TILTED
Cause:	The cycler is tilted. If this alarm occurs during therapy, it is an Auto Restart Alarm.
To Correct:	1. Make sure that the cycler is on a flat surface and is not tilted. **– OR –** **If the alarm becomes a Manual Restart Alarm or occurs at PRESS GO TO START:** 1. Press ***STOP*** to mute the alarm. 2. Place the cycler on a flat, even surface. 3. Press ***GO*** to return to the therapy.

15.3.11 Warming Solution

WARMING SOLUTION

Display Message: WARMING SOLUTION

Cause:

The temperature of the fluid in the heater bag, as measured by the cycler, is 3°C (5.4°F) below the Comfort Control setpoint.

Fluid delivery is not allowed at this time.

The message continues to appear while the fluid in the heater bag is being heated.

The message clears approximately 5 minutes after the heater bag temperature reaches 3°C below the Comfort Control setpoint.

The message can also appear for an extended period if the heater bag is not in full contact with the heater plate during normal operation.

To Correct:

If, after 45 minutes, the alarm becomes a WARMING TIMEOUT alarm:

1. Press ***STOP*** to mute the alarm.
2. Press ***GO*** to gain another 45 minutes to heat the solution.
3. Press the heater bag down against the heater plate to improve the heating rate.

   A System Error appears if the heating system fails.

15.3.12 Caution: Negative UF

CAUTION: NEGATIVE UF	
Display Message:	CAUTION: NEGATIVE UF
Cause:	You have retained more than the allowable percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles. ■ The allowable percentage in Standard Fill Mode is 50%. ■ In Low Fill Mode, it is adjustable from 20% to 60%. This is a Manual Restart Alarm.
To Correct:	1. Press ***STOP*** to mute the alarm. 2. Follow the steps below to check Current UF and resolve the alarm. 3. Change your position. 4. Press ***GO*** to return to the therapy. Contact your dialysis center if this alarm continues. Do not bypass this alarm except on your dialysis center's advice. This alarm can be bypassed only once. See 15.4, *Bypass Procedures*, on page 15-43.

Steps to resolve a CAUTION: NEGATIVE UF alarm	Display screen
1. Press ***STOP***.	CAUTION: NEGATIVE UF alternates with DRAIN 2 OF 5
2. Press ▽.	DRAIN VOLUME: 60ML
3. Press ▽.	I-DRAIN VOL: 500ML
4. Press▽. The minimum volume that the cycler expects you to drain in this cycle is shown. ➤ **NOTE:** You may need to drain more than this to prevent a CAUTION: NEGATIVE UF alarm.	MIN DRAIN VOL: ML – or – TIDAL DRAIN: ML
5. Press ▽. The CURRENT UF, updated throughout the Drain phase, is shown. 6. Check your Current UF.	CURRENT UF: ML
7. A Drain alarm message appears. DRAIN NOT FINISHED is shown if the current Drain phase has not reached the Minimum Drain Volume required. CAUTION: NEGATIVE UF is shown if you have retained more than the allowable percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles.	DRAIN NOT FINISHED – or – CAUTION: NEGATIVE UF

Steps to resolve a CAUTION: NEGATIVE UF alarm *(continued)*	Display screen
8. Press ▽ to display BYPASS.	BYPASS

➤ **NOTE:** By selecting BYPASS, you indicate that you are empty. The system delivers a partial Fill, based on the estimated volume remaining in your peritoneal cavity.

⚠ WARNING

Bypassing a CAUTION: NEGATIVE UF alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

➤ **NOTE:** Unless you have absorbed a lot of fluid, resume the Drain or select MANUAL DRAIN. Using Manual Drain repeatedly does not generate an audible alarm.

Steps to resolve a CAUTION: NEGATIVE UF alarm *(continued)*	Display screen
9. **Select one of the following options:** a. Press ***GO*** to return to Drain if you do not want to bypass. This is the *recommended* option.	BYPASS DRAIN 2 OF 5
– OR – b. Press ▽ until MANUAL DRAIN appears. Press ***ENTER***.	BYPASS MANUAL DRAIN DRAINING: ML
– OR – c. Press ***ENTER*** to bypass the alarm. CAUTION: NEGATIVE UF appears briefly, then the next Fill begins.	BYPASS CAUTION: NEGATIVE UF FILL 3 OF 5

➤ **NOTE:** The CAUTION: NEGATIVE UF alarm can not be bypassed two consecutive times during Day Drain or Night Drain cycles.

15.3.13 Check Your Position

CHECK YOUR POSITION

Message Display: CHECK YOUR POSITION

Cause 1 of 2:

Your position is more than 12 inches (30 cm) above the cycler.

This is an Auto Restart Alarm.

To Correct Cause 1 of 2:

1. Check the position of the cycler.
2. If the cycler is too low, raise it by at least 6 inches (15 cm).

   You do not need to press any buttons.

   – OR –

   If the alarm becomes a Manual Restart Alarm:

   1. Press ***STOP*** to mute the alarm.
   2. Place the cycler on a surface that is approximately level with you.
   3. Press ***GO*** to return to the therapy.

Cause 2 of 2:

Start of Fill 1 in Standard Fill Mode only.

- The clamp on the patient line was not opened after connecting the solution bags and after you were connected. This prevented priming of the patient line and caused the Initial Drain to end with little or no fluid drained.

If this alarm occurs, do ***not*** open the clamp.

CHECK YOUR POSITION *(continued)*

⚠ WARNING

Opening the clamp while this alarm is occuring can cause air to be delivered to your peritoneal cavity. This can cause shoulder and/or abdominal pain and may lead to serious injury. This can also result in an increased intraperitoneal volume (IIPV) situation if you had fluid in your peritoneal cavity prior to the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

To Correct Cause 2 of 2:

If you suspect this is the cause:

1. Press ***STOP.***
2. Press ▽ until MANUAL DRAIN appears.
3. Press ***ENTER*** to initiate a Manual Drain. Then open the clamp on the patient line.

   Do ***not*** open the clamp until ***after*** you press ***ENTER***.
4. When the Manual Drain ends, STOPPED: FILL appears.
5. Press ***GO*** to resume Fill.

15.3.14 Reload The Set

⚠ WARNING

Do not open the door until you have *CLOSED ALL CLAMPS*.

This prevents the flow of fluid from one bag to another, and/or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

RELOAD THE SET: nnn

Display Message:

RELOAD THE SET: nnn

alternates with

CLOSE ALL CLAMPS

Cause:

The cassette is loaded incorrectly or there is a problem with the system. See Table 15-1 on page 15-33 for possible causes.

This is a Manual Restart Alarm.

RELOAD THE SET: nnn *(continued)*

To Correct:

1. Press ***STOP*** to mute the alarm.
2. ***Close all clamps***.
3. Open the door.
4. Remove the cassette.
5. Reload the cassette.

   ➤ **NOTE:** When loading or unloading the set, the occluder remains retracted for a short period of time. If the occluder comes back out again, this can make it difficult to load a set. If necessary, press ***STOP*** and ***GO*** to retract the occluder again to make loading a new set easier.

6. Hold tubing where it exits the cassette holder on your right and push back while you close the door.
7. Press ***GO***.

   The display screen alternates between OPEN THE CLAMPS and CONNECT BAGS.

8. Open the clamps.
9. Press ***GO***.

   The priming procedure begins.

Table 15-1. Possible Causes for RELOAD THE SET Alarms

Reload Set Number	Possible Cause
143, 163, 165–169	The occluder is unable to pinch off flow due to: ■ Cold solution ■ Cassette tubing overlapping or touching where it exits the door ➤ **NOTE:** Placing the heater bag and cassette on the heater pan prior to the start of therapy can often prevent this alarm.
134–137, 156, 157	Clamped or kinked line
⚠ WARNING **To prevent delivery of non-sterile air to your peritoneal cavity, load a new set and bags if RELOAD THE SET: 201 occurs and fluid flows from the patient line. Non-sterile air in the peritoneal cavity may cause peritonitis, serious patient injury, or death. Air in the peritoneal cavity can cause shoulder and/or abdominal pain and may lead to serious injury.**	
201	■ Air leak between cassette and door seals due to incorrect cassette loading ■ Debris on outside of cassette ■ Hole in cassette sheeting ➤ **NOTE:** Load a new set and bags if RELOAD THE SET: 201 occurs and fluid flows from the patient line. ➤ **NOTE:** Always check cassette for debris, slits, tears, or punctures before use.
200, 202, 203	■ Air leak between cassette and door seals due to incorrect cassette loading ■ Debris on outside of cassette ■ Hole in cassette sheeting ➤ **NOTE:** Always check cassette for debris, slits, tears, or punctures before use.
All others	Incorrect loading of set or issue with cassette

15.3.15 Caution: Positive UF

CAUTION: POSITIVE UF	
Message Display:	CAUTION: POSITIVE UF Low Fill Mode only.
Cause:	You have removed more than the allowable ultrafiltrate volume in either the current cycle or over the course of several cycles. The allowable volume can be set between 0 (zero) and 5000 mL. This is a Manual Restart Alarm.
To Correct:	1. Press ***STOP*** to mute the alarm. 2. Press ▽ until BYPASS appears. 3. Press ***ENTER*** to choose BYPASS. You have bypassed the alarm and treatment resumes. Notify your dialysis center if the alarm continues. Such a problem might be due to inappropriate prescription settings or by use of an inappropriate dialysis solution.

15.3.16 Verify I-Drain

⚠ WARNING

Setting the I-Drain Alarm volume too low or OFF can result in an incomplete Initial Drain followed by a full Fill. This can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

See Table 9-1 on page 9-10 for the recommended starting points when determining your optimum I-Drain Alarm volume.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

VERIFY IDRAIN

Message Display:

VERIFY IDRAIN: OFF	(Cause 1)
VERIFY IDRAIN: 50ML	(Cause 2)

Cause 1 of 2: The I-Drain Alarm setting is OFF.

To Correct Cause 1 of 2:

1. Press the power switch OFF and ON again.
2. Set the I-Drain Alarm to a value other than OFF. See 9.2.7, *I-Drain Alarm*, on page 9-9.

➤ **NOTE:** You have permanently changed the Initial Drain Alarm setting for this therapy and all future therapy sessions.

VERIFY IDRAIN *(continued)*

Cause 2 of 2: The I-Drain Alarm setting is lower than expected.

To Correct Cause 2 of 2:

1. Press ***STOP*** and the setting blinks.
2. Press △ or ▽ to temporarily change the minimum I-Drain Alarm setting.
3. Press ***ENTER*** to accept the value.
4. Press ***GO*** to resume Initial Drain.

➤ **NOTE:** You have temporarily changed the Initial Drain Alarm setting for this treatment session. To permanently change the I-Drain Alarm, see 9.2.7, *I-Drain Alarm*, on page 9-9.

15.3.17 System Errors 2240 or 2267

WARNINGS

Do not attempt to reuse any disposable supplies. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

Do not open the door until you have *CLOSED ALL CLAMPS.*

This prevents the flow of fluid from one bag to another, and/or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

➤ **NOTE:** If you need help to correct the alarm, contact Baxter Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1.

SYSTEM ERROR 2240 or 2267

Message Display: SYSTEM ERROR 2240 SYSTEM ERROR 2267

Cause:

The system detected air in the disposable tubing set.

This can be caused by one or more of the following:

- Leaks
- Disconnected disposable tubing
- Loose connections
- Fluid level not at or near the patient connector after completing the prime cycle (incomplete prime)
- Unclamped, unused supply lines (if the tip protector has been disrupted)
- Use of "Dummy Tummy" during training

To Correct:

1. Press ***STOP*** to mute the alarm.
2. Write down the System Error number and treatment phase (Fill, Drain, or Dwell) that appears on the display screen.
3. Turn the power switch OFF and ON to end therapy.

   SYSTEM ERROR 2367 appears.
4. Press the power switch OFF and ON again.

   PRESS GO TO START appears.
5. Close all clamps.
6. Disconnect yourself from the cycler.
7. Discard the disposable set and solution bags.
8. Contact your dialysis center.

A device swap is not necessary.

15.3.18 System Error nnnn

⚠ WARNING

Do not open the door until you have *CLOSED ALL CLAMPS*.

This prevents the flow of fluid from one bag to another, and/or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

SYSTEM ERROR nnnn

Message Display:	SYSTEM ERROR nnnn
Cause 1 of 2:	Power is cycled too quickly.
To Correct Cause 1 of 2:	1. Press the power switch OFF. 2. Wait at least 10 seconds, then press power switch ON again.
Cause 2 of 2:	A problem occurred inside the system in the current cycle or over several cycles.

SYSTEM ERROR nnnn *(continued)*

To Correct Cause 2 of 2:

1. Press ***STOP*** to mute the alarm.
2. Write down the System Error number and therapy phase that appears on the display screen.
3. For instructions and assistance, contact Baxter Technical Assistance at the number listed in 2.2, *Numbers to Call for Assistance*, on page 2-1.
4. Follow the instructions from Baxter Technical Assistance. Your next steps will vary, as shown in Table 15-2, below.

Table 15-2. Steps to Correct System Error Alarms

System Error	Steps to Correct
2042, 2044, 2046	If this alarm occurs before you are connected, treat as a RELOAD THE SET alarm. See 15.3.14, *Reload The Set*, on page 15-31. Otherwise treat as a System Error.
2065 to 2071, 2098, 2265	***Close all clamps***. Press the power switch OFF and ON to end the therapy.
2240, 2267, 2367	See 15.3.17, *System Errors 2240 or 2267*, on page 15-37 for these alarms.
All others	One of the following: ■ Continue the therapy ■ End the therapy early ■ Bypass a phase ■ Perform a Manual Drain

The system usually recovers from the System Error. Device swaps are necessary only if the System Error repeats with different disposables. If a device swap is necessary, see 14.4, *If You Require a New System or "Swap"*, on page 14-4.

15.3.19 Temp Stabilizing

TEMP STABILIZING

Message Display: TEMP STABILIZING

Cause:

The temperature of the fluid in the heater bag, measured by the cycler, is above 40°C (104°F) for Standard Fill Mode or above 39°C (102.2°F) for Low Fill Mode.

Fluid delivery is not allowed at this time.

The room temperature combined with the heat from the system (even with the bag heater off) is raising the solution bag temperature too high to deliver safe fluids to you.

To Correct:

1. Press the power switch OFF.
2. Allow the system to cool for 10 to 20 minutes.

   Bags containing less fluid cool in less time.
3. Press the power switch ON.

   POWER RESTORED appears on the display screen.
4. Press ***STOP***.
5. Press ***GO***.

   Therapy automatically resumes if the fluid temperature falls below 40°C (39°C for Low Fill Mode).

If the TEMP STABILIZING message continues to appear:

1. Press the power switch OFF.
2. Wait another 20 minutes.
3. Repeat Steps 3 through 5 above.

TEMP STABILIZING *(continued)*

➤ **NOTE:** The system provides a display alarm only. There is no audible alarm.

To avoid recurrence of this alarm for future therapies, reduce the room temperature by:

- Relocating the cycler, if it is in direct sunlight
- Opening windows in the room
- Turning on a window fan and directing the flow toward the cycler
- Turning on an air conditioner, if one is available

The use of an empty heater bag, or a heater bag that is close in volume to the programmed Fill Volume, can also reduce the chance for this alarm because a replenish occurs before each Fill.

➤ **NOTE:** Close windows and turn off fans before connecting or disconnecting yourself.

15.4 Bypass Procedures

15.4.1 Bypass Initial Drain

To reduce the likelihood of IIPV, bypass is not available during Initial Drain unless a LOW DRAIN VOLUME alarm is present. See 15.4.2, *Bypass LOW DRAIN VOLUME Alarm During Initial Drain*.

15.4.2 Bypass LOW DRAIN VOLUME Alarm During Initial Drain

Follow the steps below to bypass a LOW DRAIN VOLUME alarm during an Initial Drain. Contact your dialysis center to learn when it is safe to bypass.

⚠ WARNING

Bypassing a LOW DRAIN VOLUME alarm during Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Steps to bypass LOW DRAIN VOLUME alarm during I-Drain	Display screen
LOW DRAIN VOLUME appears on the display screen.	LOW DRAIN VOLUME
1. Press ***STOP***.	LOW DRAIN VOLUME alternates with INITIAL DRAIN
2. Change your position and press ***GO*** to resume Initial Drain as often as necessary. **– OR –** Press ▽. The DRAIN VOLUME appears.	INITIAL DRAIN DRAIN VOLUME: ML
3. Press ▽. The I-DRAIN ALARM setting appears. This is used in conjunction with the DRAIN VOLUME displayed in Step 2 to determine how close you are to draining the Initial Drain Alarm amount.	I-DRAIN ALARM: ML
4. Press ▽. DRAIN NOT FINISHED appears.	DRAIN NOT FINISHED
5. Press ▽ to display BYPASS.	BYPASS

➤ **NOTE:** By selecting BYPASS, you indicate that you are empty. The system considers your volume zero (0) and delivers your entire prescribed Fill Volume.

Steps to bypass LOW DRAIN VOLUME alarm during I-Drain *(continued)*	Display screen
6. **Select one of the following options:**	
a. Press ▽ until MANUAL DRAIN appears. This is the *recommended* option. Press ***ENTER***.	BYPASS MANUAL DRAIN DRAINING: ML
➤ **NOTE:** When a Manual Drain ends due to Slow Flow or No Flow conditions, LOW DRAIN VOLUME alternates with INITIAL DRAIN on the display screen.	LOW DRAIN VOLUME alternates with INITIAL DRAIN
– OR –	
b. Press ***GO*** to return to Initial Drain if you do not want to bypass.	BYPASS INITIAL DRAIN
– OR –	
c. Press ***ENTER*** to bypass the I-Drain Alarm. The next Fill begins.	BYPASS FILL 1 OF X

15.4.3 Bypass Drain Phase

⚠ WARNING

Bypassing a Drain phase can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Follow the next steps to bypass a non-Initial Drain phase. Contact your dialysis center to learn when it is safe to bypass.

Steps to bypass a Drain phase	Display screen
Drain phase number appears on the display screen.	DRAIN 2 OF 5
1. Press ***STOP.***	STOPPED: DRAIN
2. Press ▽. The DRAIN VOLUME is shown.	DRAIN VOLUME: ML
3. Press ▽. The minimum volume that the cycler expects you to drain in this cycle is shown. ➤ **NOTE:** You may need to drain more than this to prevent a CAUTION: NEGATIVE UF alarm.	MIN DRAIN VOL: ML – or – TIDAL DRAIN: ML

Steps to bypass a Drain phase *(continued)*	Display screen
4. Press ▽. The CURRENT UF updated throughout the Drain cycle is shown.	CURRENT UF: ML
5. Press ▽. If the volume drained is less than your Minimum Drain Volume, DRAIN NOT FINISHED appears.	DRAIN NOT FINISHED
6. Press ▽ to display BYPASS.	BYPASS
7. Press ***ENTER.*** The next Fill will begin. It will be a partial Fill if no alarm occurred, based on the estimated volume remaining in your peritoneal cavity.	BYPASS FILL 3 OF 5
– OR – If the volume drained is less than your Minimum Drain Volume, a DRAIN NOT FINISHED alarm appears if you try to bypass. See 15.4.4, *Bypass DRAIN NOT FINISHED Alarm*, on page 15-48.	DRAIN NOT FINISHED
– OR – A CAUTION: NEGATIVE UF alarm may appear. See 15.3.12, *Caution: Negative UF*, on page 15-25 and 15.4.6, *Bypass CAUTION: NEGATIVE UF Alarm*, on page 15-54.	CAUTION: NEGATIVE UF

15.4.4 Bypass DRAIN NOT FINISHED Alarm

⚠ WARNING

Bypassing a DRAIN NOT FINISHED alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Follow the next steps to bypass a DRAIN NOT FINISHED alarm. Contact your dialysis center to learn when it is safe to bypass.

Steps to bypass DRAIN NOT FINISHED alarm	Display screen
DRAIN NOT FINISHED appears when you try to bypass and your current Drain Volume is less than the Minimum Drain Volume.	DRAIN NOT FINISHED
1. Press ***STOP*** to silence the alarm. The display screen alternates between DRAIN NOT FINISHED and DRAIN 2 OF 5.	DRAIN NOT FINISHED alternates with DRAIN 2 OF 5

Steps to bypass DRAIN NOT FINISHED alarm *(continued)*	Display screen
2. Press ▽. The volume drained is subtracted from your Fill Volume. Your next Fill is reduced by this difference. If this alarm occurs during Initial Drain, DRAIN VOLUME: ML does not appear.	DRAIN VOLUME: ML
3. Press ▽. The Initial Drain Volume (I-DRAIN VOL) from the current therapy is shown.	I-DRAIN VOL: ML
4. Press ▽. The minimum volume that the cycler expects you to drain in this cycle is shown. ➤ **NOTE:** You may need to drain more than this to prevent a CAUTION: NEGATIVE UF alarm.	MIN DRAIN VOL: ML – or – TIDAL DRAIN: ML
5. Press ▽. The CURRENT UF updated throughout the Drain cycle is shown.	CURRENT UF: ML
6. Press ▽. DRAIN NOT FINISHED is shown.	DRAIN NOT FINISHED
7. Press ▽ to display BYPASS.	BYPASS
8. Press ***ENTER*** to bypass the DRAIN NOT FINISHED alarm. The next Fill begins. The volume of fluid that was not drained is subtracted from the Fill Volume for this phase, unless you bypassed a Low Drain Volume alarm, in which case you will receive a full Fill.	BYPASS FILL 3 OF 5

15.4.5 Bypass LOW DRAIN VOLUME Alarm

⚠ WARNING

Bypassing a LOW DRAIN VOLUME alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

A LOW DRAIN VOLUME alarm occurs to let you know that your Drain flow rates indicate that you are empty, but have not achieved your Minimum Drain Volume. Follow the steps below to bypass a LOW DRAIN VOLUME alarm. Contact your dialysis center to learn when it is safe to bypass.

Steps to bypass LOW DRAIN VOLUME alarm	Display screen
LOW DRAIN VOLUME appears on the display screen.	LOW DRAIN VOLUME
1. Press ***STOP*** to silence the alarm.	LOW DRAIN VOLUME alternates with DRAIN 2 OF 5
2. Press ▽. The DRAIN VOLUME is shown.	DRAIN VOLUME: ML

Steps to bypass LOW DRAIN VOLUME alarm *(continued)*	Display screen
3. Press ▽. The Initial Drain Volume (I-DRAIN VOL) from the current therapy is shown.	I-DRAIN VOL: ML
4. Press ▽. The minimum volume that the cycler expects you to drain in this cycle is shown. ➤ **NOTE:** You may need to drain more than this to prevent a CAUTION: NEGATIVE UF alarm.	MIN DRAIN VOL: ML – or – TIDAL DRAIN: ML
5. Press ▽. The CURRENT UF updated throughout the Drain cycle is shown.	CURRENT UF: ML
6. Press ▽. DRAIN NOT FINISHED is shown.	DRAIN NOT FINISHED

⚠ WARNING

Bypassing a LOW DRAIN VOLUME alarm when the Total UF at the end of the last cycle is lower than normal for this point in the therapy can result in an increased intraperitoneal volume (IIPV) situation. A negative UF value can result in a greater potential for IIPV. Press *GO* to resume Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Steps to bypass LOW DRAIN VOLUME alarm *(continued)*	Display screen
7. Press ▽ to display BYPASS.	BYPASS

➤ **NOTE:** Bypassing confirms that you are empty and that you want the next Fill delivery to equal your prescribed Fill Volume.

➤ **NOTE:** You will achieve negative UF if you bypass the LOW DRAIN VOLUME alarm and your Drain Volume is less than your Fill Volume. Your UF decreases by the amount your Drain is short of your prescribed Fill Volume.

8. **Select one of the following options:**

a. Press ***GO*** to return to Drain.

This is the *recommended* option.

BYPASS

DRAIN 2 OF 5

– OR –

b. Press ***ENTER***.

The next Fill begins. Your full Fill Volume is delivered.

BYPASS

FILL 3 OF 5

If the increase in negative UF exceeds your Negative UF Limit, a CAUTION: NEGATIVE UF alarm occurs. See 15.4.6, *Bypass CAUTION: NEGATIVE UF Alarm*, on page 15-54.

CAUTION: NEGATIVE UF

- Press ***STOP*** to silence the alarm.

CAUTION: NEGATIVE UF

alternates with

DRAIN 2 OF 5

- Press ***GO*** to resume Drain.

DRAIN 2 OF 5

Steps to bypass LOW DRAIN VOLUME alarm *(continued)*	Display screen

➤ **NOTE:** Change your position after you resume Drain. Occasionally, the location of the catheter tip can be in a less than optimal position. Changing your position may resolve the low Drain flow issue.

➤ **NOTE:** If LOW DRAIN VOLUME alarms continue to occur after you resume Drain, and it is necessary to bypass the Drain (for example, to reverse the flow in the catheter to correct a fibrin blockage issue):

- Press ***STOP*** to silence a LOW DRAIN VOLUME alarm.
- Press ***GO*** to resume Drain.
- Press ***STOP*** to stop the Drain (when no alarm is present).
- Bypass the Drain phase. See 15.4.3, *Bypass Drain Phase*, on page 15-46.

A DRAIN NOT FINISHED alarm occurs if you have not met your minimum drain volume when bypassing a Drain phase. If a DRAIN NOT FINISHED alarm occurs and you follow the sequence above by stopping when no alarm is present, your next Fill will be a reduced Fill Volume. If you do not encounter a DRAIN NOT FINISHED alarm, or if you bypass while the LOW DRAIN VOLUME alarm is present, your next Fill Volume will equal your prescribed Fill Volume.

15.4.6 Bypass CAUTION: NEGATIVE UF Alarm

⚠ WARNING

Bypassing a CAUTION: NEGATIVE UF alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

➤ **NOTE:** Do not bypass this alarm except on your dialysis center's advice.

➤ **NOTE:** This alarm can not be bypassed if a CAUTION: NEGATIVE UF alarm was bypassed in the previous cycle.

Follow the next steps if you are sure it is safe to bypass a CAUTION: NEGATIVE UF alarm. Contact your dialysis center to learn when it is safe to bypass.

Steps to bypass CAUTION: NEGATIVE UF alarm	Display screen
CAUTION: NEGATIVE UF appears on the display screen.	CAUTION: NEGATIVE UF
1. Press ***STOP*** to silence the alarm. The CAUTION: NEGATIVE UF alarm alternates with the current Drain phase.	CAUTION: NEGATIVE UF alternates with DRAIN 2 OF 5

Steps to bypass CAUTION: NEGATIVE UF alarm *(continued)*	Display screen
➤ **NOTE:** The default value for the CAUTION: NEGATIVE UF alarm is 50% of your prescribed Fill Volume.	
➤ **NOTE:** The negative UF alarm limit can be programmed at 20% to 60% in the Low Fill Mode.	
2. Press ▽.	DRAIN VOLUME: ML
➤ **NOTE:** The amount that your Drain Volume is short of your prescribed Fill Volume is subtracted from the previous Drain Total UF (see below) to obtain your current UF that resulted in the CAUTION: NEGATIVE UF alarm.	
3. Press ▽. The Initial Drain Volume (I-DRAIN VOL) from the current therapy is shown.	I-DRAIN VOL: ML
4. Press ▽. The minimum volume that the cycler expects you to drain in this cycle is shown.	MIN DRAIN VOL: ML – or – TIDAL DRAIN: ML
➤ **NOTE:** You may need to drain more than this to prevent a CAUTION: NEGATIVE UF alarm.	
5. Press ▽. The CURRENT UF updated throughout the Drain cycle is shown.	CURRENT UF: ML
6. Press ▽. DRAIN NOT FINISHED is shown if the Minimum Drain Volume has not been drained.	DRAIN NOT FINISHED

Steps to bypass CAUTION: NEGATIVE UF alarm *(continued)*	Display screen
7. Press ▽ to display BYPASS.	BYPASS

➤ **NOTE:** By selecting BYPASS, you indicate that you are empty. The system delivers a partial Fill, based on the estimated volume remaining in your peritoneal cavity.

➤ **NOTE:** Change your position to assist draining. Fluid may have pocketed near your catheter.

8. **Select one of the following options:**

a. Press ***GO*** to resume Drain.

BYPASS

DRAIN 2 OF 5

– OR –

b. Press ▽ until MANUAL DRAIN appears.

Press ***ENTER***.

BYPASS

MANUAL DRAIN

DRAINING: ML

– OR –

c. Press ***ENTER*** to bypass the alarm.

The next Fill begins.

BYPASS

FILL 3 OF 5

➤ **NOTE:** Bypassing a CAUTION: NEGATIVE UF alarm temporarily disables your Minimum Drain Volume percentage. Your Minimum Drain Volume percentage will remain disabled until your UF falls below the negative UF alarm limit.

15.4.7 Check Supply Line Alarm During Replenish

An alarm is posted when there is insufficient fluid to complete an unscheduled replenish. This alarm can not be bypassed. To return to Fill, follow the steps below.

Steps to return to Fill	Display screen
	CHECK SUPPLY LINE
1. Press ***STOP***.	CHECK SUPPLY LINE alternates with REFILLING THE HEATER
2. Press ***GO***.	PLEASE WAIT.... appears briefly, then REFILLING THE HEATER
3. Press ***STOP.***	STOPPED: REFILLING
4. Press ▽.	FILL VOLUME: ML
5. Press ▽.	BYPASS
6. Press ***ENTER***.	PLEASE WAIT.... appears briefly, then REFILL NOT FINISHED
7. Press ***STOP.***	REFILL NOT FINISHED alternates with REFILLING THE HEATER
8. Press ▽.	FILL VOLUME: ML

Steps to return to Fill *(continued)*	Display screen
9. Press ▽.	I-DRAIN VOLUME: ML
10. Press ▽.	TOTAL UF: ML
11. Press ▽.	BYPASS
12. Press ***ENTER***.	FILL X OF Y

15.5 Manual Drain Procedure

⚠ WARNING

Do not *STOP* or BYPASS a Manual Drain during Fill. An increased intraperitoneal volume (IIPV) situation can result. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Steps to perform a Manual Drain	Display screen
The current Fill phase appears on the display screen.	FILL 3 OF 5
1. Press ***STOP.***	STOPPED: FILL
2. Press ▽.	FILL VOLUME: ML
3. Press ▽.	TOTAL UF: ML
4. Press ▽.	BYPASS
5. Press ▽.	CHANGE PROGRAM
6. Press ▽.	MAKE ADJUSTMENTS

Steps to perform a Manual Drain *(continued)*	Display screen
7. Press ▽.	MANUAL DRAIN
8. Press ***ENTER.*** The display screen shows the Drain Volume. The system continues to drain until flow is no longer detected.	DRAINING: ML
9. Press ***GO*** to return to therapy.	
10. Reinitiate a Manual Drain if it is stopped during Fill.	

The amount of fluid drained is recorded in the following ways:

- If the Manual Drain occurs after the patient received a Last Fill, the amount drained is recorded as LAST M-DRAIN: ML and is shown in the menu at the beginning of your next therapy. See 10.4, *Menu Options at Startup*, on page 10-8.
- Fluid drained during all other Manual Drains is included as part of the Total UF for the therapy.

15.6 End Therapy Early Procedure

⚠ WARNING

Too many incomplete or skipped treatments can cause reduced Dwell or Therapy Time. This can lead to uremia.

If you end your therapy early for any reason, you can be left with more fluid in your peritoneal cavity than normal. If this occurs, your Initial Drain Alarm (I-DRAIN ALARM) setting may be too low. To minimize the potential for an increased intraperitoneal volume (IIPV) situation, do one of the following at the beginning of your next therapy:

- If a VERIFY I-DRAIN: ML prompt appears, press ***STOP*** and press △ or ▽ to increase your I-Drain Alarm setting to at least 70% of your current expected peritoneal volume for this therapy only.

– OR –

- If a VERIFY I-DRAIN prompt does not appear, press ***STOP*** and ▽ to MANUAL DRAIN. Press ***ENTER*** to initiate a Manual Drain. The system will return to STOPPED: DRAIN when the Manual Drain ends. You can repeat the Manual Drain any number of times without an audible alarm. Resuming the Drain can result in an audible alarm.

Follow the steps below to end your therapy early.

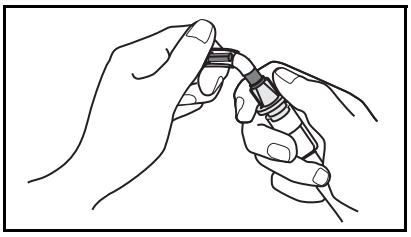
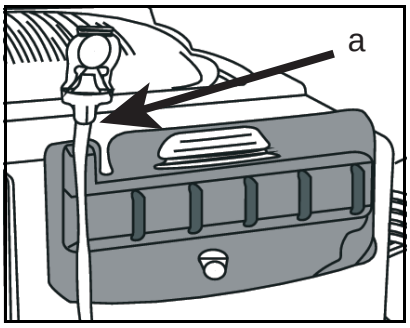
Steps to end therapy early	Display screen
1. Press the power switch OFF. Wait 10 seconds.	
2. Press the power switch ON. The alarm sounds.	PLEASE WAIT... POWER RESTORED

Steps to end therapy early *(continued)*	Display screen
3. Press ***STOP.*** POWER RESTORED alternates with the phase cycle you are in.	POWER RESTORED alternates with FILL 2 OF 5 – or – DWELL 2 OF 5 – or – DRAIN 2 OF 5
4. Press ▽.	FILL VOL: 60ML – or – DWELL TIME LEFT 1:05 – or – DRAIN VOLUME: 60ML
5. Press ▽. Volume from Initial Drain of the current therapy is shown.	I-DRAIN VOL: 65ML
6. Press ▽. TOTAL UF is updated after each Drain is completed. CURRENT UF is updated throughout each Drain cycle. 7. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.	TOTAL UF: 150ML – or – CURRENT UF: 50ML
8. Press ▽. Average actual Dwell Time for your therapy. 9. Press ***ENTER*** to review cycle-by-cycle information. Press ***STOP*** to return to the previous menu.	AVG DWELL TIME: 1:32

Steps to end therapy early *(continued)*	Display screen
10. Press ▽. END THE THERAPY appears.	END THE THERAPY
11. Press ***ENTER.*** Proceed with the End Therapy procedure. See Section 12, *Operating Instructions – End Therapy*.	CLOSE ALL CLAMPS

15.7 Reprime Patient Line Procedure

If the fluid level is not at or near the connector at the end of the patient line, follow the steps below to reprime the patient line.

Steps to reprime the patient line	Display screen
1. Press ***STOP*** when the display screen alternates between CONNECT YOURSELF and CHECK PATIENT LINE.	CONNECT YOURSELF alternates with CHECK PATIENT LINE
2. Verify that the Frangible is broken (Luer connections only).	
3. Press ▽ until REPRIME PATIENT LINE appears.	REPRIME PATIENT LINE
4. Press ***ENTER***. LINE IN ORGANIZER? appears.	LINE IN ORGANIZER?
5. Press ***ENTER***. PRIMING . . . appears.	PRIMING...
6. Verify that the patient line is properly primed: a. Make sure fluid is present near the connector at the end of the patient line. The display screen alternates between CONNECT YOURSELF and CHECK PATIENT LINE.	
7. Repeat Steps 1 through 6 until the patient line is primed.	

15.8 Increased Intraperitoneal Volume (IIPV)

Overfilling or not draining enough can result in excess fluid in the abdomen, also known as increased intraperitoneal volume (IIPV). IIPV is an inherent risk of peritoneal dialysis. While some people may not exhibit symptoms, most commonly observed symptoms include:

- Feeling full, bloated, or overfull
- Abdominal pain or discomfort
- Expanded or tense abdomen
- Vomiting or spitting-up
- Difficulties feeding
- Localized swelling around the PD catheter exit site, belly button, groin region, or genital area
- Leakage of fluid from the PD catheter exit site
- Difficulty breathing
- A child complaining of a “funny feeling” in the abdomen
- A child crying
- Unexpected increase in blood pressure

IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

➤ **NOTE:** Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

See 3.2.2, *Treatment – Overfill / IIPV*, on page 3-3 for more information on IIPV.

IF IIPV IS SUSPECTED, PLEASE DO THE FOLLOWING:

1. Press ***STOP*** immediately, then press ▽and initiate a Manual Drain.

   The Manual Drain procedure is located on the next page.

2. Once the fluid is completely drained from the abdomen, call your nephrologist.
3. Call your nephrologist immediately if you have ***any*** complaints or symptoms of IIPV including those listed above.

4. For assistance in performing the above steps, call the Baxter Customer Service line which is available 24 hours a day, 7 days a week at 1-800-553-6898, Prompt 1.
5. If you are unable to reach your dialysis center, nephrologist, or the Baxter Customer Service Line, and you or the patient are experiencing symptoms of IIPV, call 911 immediately or go to the nearest Emergency Room.

Steps to perform a Manual Drain	Display screen
The current Fill phase appears on the display screen.	FILL 3 OF 5
1. Press ***STOP.***	STOPPED: FILL
2. Press ▽.	FILL VOLUME: ML
3. Press ▽.	TOTAL UF: ML
4. Press ▽.	BYPASS
5. Press ▽.	CHANGE PROGRAM
6. Press ▽.	MAKE ADJUSTMENTS
7. Press ▽.	MANUAL DRAIN
8. Press ***ENTER.*** The display screen shows the Drain volume. The system continues to drain until flow is no longer detected.	DRAINING: ML
9. Press ***GO*** to return to therapy.	
10. Reinitiate a Manual Drain if it is stopped during Fill.	

15.9 Power Failure

When a power failure occurs (or if the power switch is turned OFF) during setup, the system closes the occluder and the display screen turns off.

When the power is restored, the system returns to PRESS GO TO START.

⚠ WARNING

If a disposable set is already present in the cycler after a power failure, *CLOSE ALL CLAMPS* before you press *GO* to start your therapy. This prevents flow of fluid from one bag to another and/or to the patient during the time when LOAD THE SET is displayed. Uncontrolled gravity flow of fluid can result in a patient receiving an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press *STOP* immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59. See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

When a power failure occurs any time during or after Initial Drain, the system stops heating and pumping fluid and the display screen turns off. To retrieve any therapy information during a power failure, the display can be activated by pressing any button. If you still have fluid in your abdomen, you may still be receiving dialysis therapy.

Table 15-3 lists the options you can view during a loss of power.

1. Press any button to activate the display.
2. Press ***STOP*** to silence the alarm.
3. Press ▽ to view each option.

➤ **NOTE:** If no button is pressed for 2 minutes, the display turns off. Press any button to activate the display again.

Table 15-3. Options Available During a Power Failure

Option	Description
Power Failure Alarm and **Current Therapy Phase**	POWER FAILURE alternates with FILL 3 OF 5
Current Status	FILL VOL: ML – or – DWELL TIME LEFTHH:MM – or – DRAIN VOL: ML
Initial Drain Volume	I-DRAIN VOL: ML
Total UF	TOTAL UF: ML – or – CURRENT UF: ML
Average Dwell Time	AVG DWELL TIME:HH:MM
End The Therapy	END THE THERAPY To end the therapy, press ***ENTER***.

If the power is restored within 30 minutes:

- The system automatically resumes therapy without any alarms.
- During the first 30 minutes of a power failure, press any key to retrieve therapy information. Press ***STOP*** and ***GO*** to start therapy after power is restored.

If the power is not restored within 30 minutes:

- An alarm occurs after 30 minutes without power. Press ***STOP*** to mute the alarm.
- Press ▽ to retrieve therapy information.

If power is restored within approximately 2 hours:

- The therapy can be restarted. An alarm occurs again when power is restored.
- Press ***STOP*** and ***GO*** to restart therapy.

If power is not restored within 2 hours:

- You must end your therapy. See 15.6, *End Therapy Early Procedure*, on page 15-61.
- Contact your dialysis center for instructions. Restart your therapy from the beginning or perform a modified therapy as instructed by your dialysis center.
- You should perform gravity CAPD exchanges if an extended power failure prevents you from performing therapy on the system.

15.10 Emergency Disconnect Procedure

WARNINGS
⚠ **This procedure is intended for *emergency* disconnection for short periods of time only. Extended time away from the system during therapy can result in Lost Dwell Time. If Lost Dwell is 30 minutes or greater, a LOST DWELL message appears when therapy is completed.**
⚠ **Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.**

15.10.1 Disconnect From the Cycler

Steps to disconnect from the cycler

1. Press ***STOP***.

   The specific therapy phase and STOPPED appear on the display screen when ***STOP*** is pressed. If treatment is stopped during the Dwell phase, the system continues to count down the Dwell Time to zero (0).

2. Close the clamp on the patient line and close your transfer set.
3. Using aseptic technique, prepare to disconnect.
4. Open a new **FlexiCap** or **OptiCap** disconnect cap and a new **MiniCap** disconnect cap.
5. Disconnect the transfer set from the patient line.
6. Place the patient line back in the organizer.
7. Cap off the transfer set with a new **MiniCap** disconnect cap and tighten until fully secured.
8. Remove the patient line connector from the organizer and attach the new **FlexiCap** or **OptiCap** disconnect cap to the patient line connector.

Steps to disconnect from the cycler *(continued)*

9. Tighten the **FlexiCap** or **OptiCap** disconnect cap until it is fully secured.
10. Place the capped patient line connector back in the organizer.
11. You can now leave the system.

➤ **NOTE:** After 30 minutes, the system sounds an alarm. If you do not plan to return to therapy, follow the End Therapy Early procedure. See 15.6, *End Therapy Early Procedure*, on page 15-61.

15.10.2 Return to Therapy After an Emergency Disconnect

⚠ WARNING

Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.

Steps to return to therapy

1. Using aseptic technique, prepare to connect.
2. Remove the **FlexiCap** or **OptiCap** disconnect cap from the patient line connector.
3. Remove the **MiniCap** disconnect cap from the transfer set connector.
4. Remove the patient line connector from the organizer.
5. Connect the patient line connector to the transfer set.
6. Open the clamp on the patient line.
7. Open your transfer set.
8. Press ***GO.***
9. Discard the used **MiniCap** disconnect cap and **FlexiCap** or **OptiCap** disconnect cap.
10. Your therapy continues.

Section 16

Technical Data

16 Technical Data

The specifications in this section apply to the Baxter *HomeChoice* and *HomeChoice Pro* APD systems.

16.1 Physical Specifications

	U.S. Standard	Metric
Height:	7.0 in	17.8 cm
Width:	19.5 in	49.5 cm
Depth:	15.7 in	39.9 cm
Weight:	27.0 lbs	12.3 kg

16.2 Electrical Power Requirements

Product codes:	5C4471, 5C4471R, 5C8310, 5C8310R
Voltage range:	115 VAC ±10%
Frequency range:	50/60 Hz
Fuses:	F 5.0A – 125V
Mode of operation:	Continuous
Degree of protection against electrical shock:	Type B Applied Part
Type of protection against electrical shock:	Class I equipment
Power consumption:	Maximum: 600 VA (600 watts) Average: 100 VA (100 watts)
Degree of protection against ingress of water:	Meets the requirements of IEC 60601-2-39 (Clause 44.3)

Line voltage disturbances or improper grounding can adversely affect operation of the system. Variations in line voltage amplitude should be less than ±10 percent of nominal voltage. The duration of any voltage disturbance should be less than 5 milliseconds.

16.2.1 Extension Cords

The use of extension cords is not recommended since they reduce the available voltage. Only heavy-duty extension cords rated for at least 1200 watts (10 Amps @ 120V) that are no longer than 12 feet (3.6 meters) should be used.

The extension cord must have the grounding wire that mates with the grounding plug on the system power cord.

16.3 System Performance

		U.S. Standard	Metric
Volumetric Accuracy	Fill & Drain Targeting:	Standard Mode: +5/–20 mL Low Fill Mode: +5/–10 mL	Standard Mode: +5/–20 mL Low Fill Mode: +5/–10 mL
	Volume Reported:	Greater of 2% or ±10 mL	Greater of 2% or ±10 mL
Display Precision	Volumetric:	1 mL	1 mL
Fluid Temperature Control		89.6°F to 104°F	32°C to 40°C
Temperature Measurement Range:		41°F to 122°F	5°C to 50°C
Temperature Accuracy:		± 3.6°F	± 2°C
Fluid Temperature Control Setpoint:		95, 96.8, 98.6°F	35, 36, 37°C

16.4 Environmental Requirements

	U.S. Standard	Metric
Operating Temperature Limits:	59°F to 96.8°F	15°C to 36°C
Operating Humidity:	15% to 85% Noncondensing	
Operating Atmospheric Pressure Range:	10.2 psia to 15.3 psia	70 kPa to 106 kPa
Storage Temperature Limits:	–25°F to 130°F	–32°C to 54°C
Storage Humidity:	10% to 95% Noncondensing	
Storage Atmospheric Pressure Range:	7.3 psia to 15.3 psia	50 kPa to 106 kPa
Atmosphere:	Non-flammable, non-explosive, non-aerosolized with normal oxygen concentrations. Equipment not suitable for use in the presence of a flammable anesthetic mixture with air or with oxygen or nitrous oxide.	

16.5 Battery Backup

When power failure occurs during therapy, the system stops heating and pumping fluid and the display screen turns off. However, the display powers up each time a key is pushed during the first 30 minutes of a power failure. If power is restored within two hours, the therapy can be restarted from where it left off. If the power is not restored within two hours, the therapy is not allowed to continue. If fluid remains in the abdomen during a power failure, the patient may still be receiving dialysis therapy.

16.6 Electromagnetic Compatibility

ONLY DEVICES MARKED WITH THIS SYMBOL ARE COMPLIANT TO THE IEC 60601-1-2 STANDARD

The *HomeChoice* or *HomeChoice Pro* APD system, as with all medical electrical equipment, needs special precautions regarding EMC (electromagnetic compatibility), and the following information must be followed when installing and putting the system into service.

Because the intensity of electromagnetic energy is greatest near the source of a transmitting antenna, portable and mobile RF communications equipment can affect medical electrical equipment.

The system has been designed to withstand the effects of EMI (electromagnetic interference) and meets the most current EMC standards that apply to the cycler. However, extremely high levels of electromagnetic energy (above the levels of IEC 60601-1-2) may still produce interference.

To reduce the risk of EMI, follow these recommendations:

- Do not turn on or use hand-held personal communications devices, such as mobile two-way radios or cellular phones, near the cycler. If these devices need to be used, follow the recommended separation distance as shown in the following tables.
- In the case of unexplained EMI, consider the locations of nearby transmitters, such as radio or TV stations. You may have to move the cycler or place shield material between the transmitter and the cycler.
- Be aware that modifying the cycler or adding accessories or components not specifically authorized by Baxter may make the cycler more susceptible to interference from radio waves.
- The following cables and accessories have been approved for use with the system, and comply with current EMC standards:
  - Detachable power cord
  - Modem cable

WARNINGS	
⚠	**When servicing the cycler, use only replacement components, cables and accessories authorized by Baxter and be sure to replace all shields, covers, screws, and gaskets in their exact locations. Failure to do so may result in increased emissions or decreased immunity of the cycler.**
⚠	**The system should not be used next to, or stacked with, other electrical equipment. Such equipment may cause the cycler to operate incorrectly. However, if it is necessary to use the cycler close to other equipment, the cycler should be monitored to verify normal operation.**

Table 16-1. Guidance and Manufacturer's Declaration – Electromagnetic Emissions

The *HomeChoice* or *HomeChoice Pro* APD system is intended for use in the electromagnetic environment specified below. The user of the system should assure that it is used in such an environment.		
Emissions Test	**Compliance**	**Electromagnetic Environment – Guidance**
RF emissions CISPR 11	Group 1	The system uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class B	The system is suitable for use in all establishments, including domestic establishments and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.
Harmonic emissions IEC 61000-3-2	Class A	
Voltage fluctuations/flicker emissions IEC 61000-3-3	Complies	

Table 16-2. Guidance and Manufacturer's Declaration – Electromagnetic Immunity

The *HomeChoice* or *HomeChoice Pro* APD system is intended for use in the electromagnetic environment specified below. The user of the system should assure that it is used in such an environment.

Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic Environment – Guidance
Electrostatic Discharge (ESD) IEC 61000-4-2	±6 kV contact ±8 kV air	±6 kV contact ±8 kV air	Floors should be wood, concrete, or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electrical fast transient/burst IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	±2 kV for power supply lines ±1 kV for input/output lines	Mains power quality should be that of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes.
Surge IEC 61000-4-5	±1 kV differential mode ±2 kV common mode	±1 kV differential mode ±2 kV common mode	Mains power quality should be that of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes.
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	<5% U_T (>95% dip in U_T) for 0.5 cycles 40% U_T (60% dip in U_T) for 5 cycles 70% U_T (30% dip in U_T) for 25 cycles <5% U_T (>95% dip in U_T) for 5 seconds	<5% U_T (>95% dip in U_T) for 0.5 cycles 40% U_T (60% dip in U_T) for 5 cycles 70% U_T (30% dip in U_T) for 25 cycles <5% U_T (>95% dip in U_T) for 5 seconds	Mains power quality should be that of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes. If the user of the system requires continued operation during power mains interruptions, it is recommended that the system be powered from an uninterruptible power supply.
Power frequency (50/60 Hz) magnetic field IEC 61000-4-8	3 A/m	3 A/m	Power frequency magnetic fields should be at levels characteristic of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes.

NOTE: U_T is the a.c. mains voltage prior to application of the test level.

Table 16-3. Guidance and Manufacturer's Declaration – Electromagnetic Immunity

The *HomeChoice* or *HomeChoice Pro* APD system is intended for use in the electromagnetic environment specified below. The user of the system should assure that it is used in such an environment.

Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic Environment – Guidance
Conducted RF IEC 61000-4-6	3 Vrms 150 kHz to 80 MHz	3 V	Portable and mobile RF communications equipment should be used no closer to any part of the system, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter. **Recommended separation distance:** $d = [3.5 / 3] \sqrt{P}$
Radiated RF IEC 61000-4-3	3 V/m 80 MHz to 2.5 GHz	3 V/m	$d = [3.5 / 3] \sqrt{P}$ 80 MHz to 800 MHz $d = [7 / 3] \sqrt{P}$ 800 MHz to 2.5 GHz where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer, and d is the recommended separation distance in meters (m). Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey[a], should be less than the compliance level in each frequency range[b]. Interference may occur in the vicinity of equipment marked with the following symbol: 

NOTES:

- At 80 MHz and 800 MHz, the higher frequency applies.
- These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects, and people.

a. Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast, and TV broadcast can not be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the system is used exceeds the applicable RF compliance level above, the system should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the system.

b. Over the frequency range 150 kHz to 80 MHz, field strengths should be less than 3 V/m.

Table 16-4. Recommended separation distance between portable and mobile RF communications equipment and the *HomeChoice* APD systems – for equipment and systems that are *not* life-supporting

The *HomeChoice* or *HomeChoice Pro* APD system is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The user of the system can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the system as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter W	Separation distance according to frequency of transmitter m		
	150 kHz to 80 MHz $d = [3.5 / 3] \sqrt{P}$	80 MHz to 800 MHz $d = [3.5 / 3] \sqrt{P}$	800 MHz to 2.5 GHz $d = [7 / 3] \sqrt{P}$
0.01	0.12	0.12	0.23
0.1	0.37	0.37	0.74
1	1.20	1.20	2.30
10	3.70	3.70	7.40
100	12.00	12.00	23.00

For transmitters rated at a maximum output power not listed above, the recommended separation distance *(d)* in meters (m) can be estimated using the equation applicable to the frequency of the transmitter, where *P* is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.

NOTES:

- At 80 MHz and 800 MHz, the higher frequency applies.
- These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

16.7 Solution Temperature Protective System

Overheated solution is prevented from reaching the patient by the solution temperature protective system that uses a microprocessor, temperature sensor, and cutoff switch that are independent of the temperature control system. The protective system temperature sensing is accurate to ±2°C. The system sounds an alarm within 5 seconds of sensing an overheated condition.

16.8 Audible Alarm Silence Period

If the user presses the ***STOP*** button to silence an alarm and does not take action to clear the alarm, the system will reactivate the alarm in 30 minutes.

16.9 Range of Sound Pressure Levels

The system audible alarm is designed to produce a maximum sound pressure level of 75 dBA ±10 dBA at 1 meter. The operator has limited control to reduce the volume of Auto Restart and Manual Restart alarms. System alarms are always at maximum volume.

16.10 Maximum Pressures Used to Transfer Solution To and From the Patient

The pump pressures generated by the system are controlled to operate nominally at ±10.3 kPa (±77.6 mmHg) (±1.5 psig). Under conditions of no fluid flow, the fluid pressures in the patient line will not exceed ±15.2 kPa (±113.8 mmHg) (±2.2 psig) for a period of more than 10 seconds. The system will prevent the pump pressure from exceeding ±24.1 kPa (±181.0 mmHg) (±3.5 psig) under normal and single fault conditions.

16.11 Protective System Preventing Air Infusion

The system is capable of detecting air in the vertically oriented pumping chambers. If air volumes exceeding approximately 3 cc are detected, the air is pumped out of the top of the chamber to the drain line. Air volumes that are smaller than this are physically unable to exit the bottom of the chamber to the Fill line. This method is effective in preventing air from being pumped into the patient, as long as the cassette is undamaged and the patient line is primed with fluid at the beginning of the therapy. Refer to 10.5, *Load the Disposable Set*, on page 10-11 for information on inspecting the cassette for damage.

The disposable set patient line is primed manually using the weight of the fluid in the heater bag. The patient line is correctly primed when the fluid level is at or near the connector at the end of the patient line. The system can not detect whether the patient line is correctly primed. Refer to 15.7, *Reprime Patient Line Procedure*, on page 15-64 for information on verifying proper priming.

16.12 Protective System Preventing IIPV

The system has protective systems in place to help prevent IIPV from occurring as well as detect and notify the user when IIPV may have occurred.

- The volumetric accuracy of the system is the greater of ±2% or ±10 mL.
- Two independent fluid measurement sub-systems are used to monitor Fill and Drain volumes. These two sub-systems must agree within 0.1%.
- Self-diagnostic tests are continually performed to verify the functional and protective systems are working properly. If a problem is detected, the system halts therapy, puts itself into a safe state, and then notifies the user an error has occurred.
- Diagnostic tests are performed to verify the cassette is properly installed and is operating correctly.
- When a power failure is detected, the system pauses therapy and then places itself in a state that prevents any solution from being delivered to the patient.
- The system warns the user, and in some cases prevents the user, from bypassing Drain cycles.

- The system can differentiate between an empty peritoneal cavity and occluded patient line.
- Actual Drain volumes are compared to expected values, notifying the patient if IIPV was detected.
- The system detects and notifies the patient of inadequate flow of solution.
- The system design is in compliance with international safety standards.
- Instructions and warnings are provided (this Patient Guide and the Trainer's Guide) for proper system use and therapy execution.

If any patient, or patient caregiver, suspects the patient has an increased intraperitoneal volume (IIPV) situation during a therapy, press ***STOP*** immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in 15.5, *Manual Drain Procedure*, on page 15-59.

See 15.8, *Increased Intraperitoneal Volume (IIPV)*, on page 15-65 for more information.

16.13 Drain Logic Options

16.13.1 Standard Fill Mode Drain Logic

The system drains until it encounters Slow Flow from the patient line for a period of time, or two pump strokes of No Flow from the patient line.

If Slow Flow persists for a preset period of time, the system looks at the Minimum Drain Volume to determine what to do next.

- If the Minimum Drain Volume has not been met, a 3-beep auto restart LOW DRAIN VOLUME alarm is posted. If this alarm repeats, it is promoted first to a 6-beep auto restart alarm, and then a continuous beep alarm that requires operator intervention.
- If the Minimum Drain Volume has been met, the system will set the patient volume to zero (0) and move on to the Fill phase.

If No Flow occurs, the system checks to see if the No Flow condition also applies to flow to the patient.

- If the No Flow condition applies to both outflow and inflow, a CHECK PATIENT LINE alarm occurs.
- If the “pushback” flows normally toward the patient, the system looks at the Minimum Drain Volume to determine what to do next.
  - If the Minimum Drain Volume has not been met, a 3-beep auto restart LOW DRAIN VOLUME alarm occurs. If this alarm repeats, it is promoted first to a 6-beep auto restart alarm, and then a continuous beep alarm that requires operator intervention.
  - If the Minimum Drain Volume has been met, the system will set the patient volume to zero (0) and move on to the Fill phase.

The Minimum Initial Drain Volume setting is made in the Make Adjustments menu. The Minimum Drain Volume percent setting is made in the Nurse’s Menu. The Drain Volume percent is multiplied by the Day Fill Volume for day drains and the Night Fill Volume for night drains.

16.13.2 Low Fill Mode Drain Logic

The Low Fill Mode Drain Logic is similar to the Standard Fill Mode Drain Logic. The thresholds for Slow Flow and No Flow are lower because Low Fill Mode patients typically drain slower. The Low Fill Mode also has an Initial Drain Time (I-DRAIN TIME) setting in the Make Adjustments menu. There is a Minimum Drain Time (MIN DRAIN TIME) setting for Day and Night Drains in the Nurse's Menu.

The system will advance to the next Fill phase when:

- Slow Flow or No Flow occurs and both Minimum Drain Volume has been drained and Minimum Drain Time as elapsed, or
- No Flow occurs and both 100% of the Fill Volume and the Minimum Drain Volume has been drained.

Some LOW DRAIN VOLUME alarms that could occur due to Slow Flow or No Flow are suppressed if the Minimum Drain Time is not met.

16.13.3 Drain Logic Comparison

Table 16-5 compares the Standard Fill Mode Drain Logic with the Low Fill Mode Drain Logic.

Table 16-5. Drain Logic Options

FLOW CONDITION	VOLUME OF FLUID DRAINED when Flow Condition Occurs	
Standard Fill Mode Drain Logic	**Minimum Drain Volume HAS NOT been reached**	**Minimum Drain Volume HAS been reached**
Slow Flow Below 50 mL/min **No Flow*** Below 12 mL/min	LOW DRAIN VOLUME alarm will sound. If the LOW DRAIN VOLUME alarm is bypassed, moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds 50% of the Fill Volume, a CAUTION: NEGATIVE UF alarm occurs rather than moving on to Fill phase when a LOW DRAIN VOLUME alarm is bypassed. If the CAUTION: NEGATIVE UF alarm is bypassed, moves on to Fill phase with partial Fill delivered.	Automatically moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds 50% of the Fill Volume, a CAUTION: NEGATIVE UF alarm occurs rather than moving on to Fill phase. If the CAUTION: NEGATIVE UF alarm is bypassed, moves on to Fill phase with partial Fill delivered.
Normal Flow	The Drain will continue with no alarm. If Drain is stopped and bypassed, a partial Fill is delivered.	

Table 16-5. Drain Logic Options *(continued)*

FLOW CONDITION	VOLUME OF FLUID DRAINED when Flow Condition Occurs	
Low Fill Mode Drain Logic	**Minimum Drain Volume HAS NOT been reached**	**Minimum Drain Volume HAS been reached**
Slow Flow Below 15 mL/min	If Minimum Drain Time *has not* elapsed, the Drain will continue with no alarm. If Minimum Drain Time *has* elapsed, a LOW DRAIN VOLUME alarm will sound. If this alarm is bypassed, moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a CAUTION: NEGATIVE UF alarm occurs rather than moving on to Fill phase when a LOW DRAIN VOLUME alarm is bypassed. If the CAUTION: NEGATIVE UF alarm is bypassed, moves on to Fill phase with partial Fill delivered.	If Minimum Drain Time has *not* elapsed, the Drain will continue with no alarm. If Minimum Drain Time *has* elapsed, automatically moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a CAUTION: NEGATIVE UF alarm occurs rather than moving on to Fill phase. If the Negative UF alarm is bypassed, moves on to Fill phase with partial Fill delivered.
No Flow* Below 3 mL/min	Regardless of the Minimum Drain Time, a LOW DRAIN VOLUME alarm will sound. If this alarm is bypassed, moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a CAUTION: NEGATIVE UF alarm occurs rather than moving on to Fill phase when a LOW DRAIN VOLUME alarm is bypassed. If the CAUTION: NEGATIVE UF alarm is bypassed, moves on to Fill phase with partial Fill delivered.	If the Minimum Drain Time has *not* elapsed and less than 100% of the Fill Volume has drained, Drain will continue with no alarm. If Minimum Drain Time *has* elapsed or at least 100% of the Fill Volume has been drained, automatically moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a CAUTION: NEGATIVE UF alarm occurs rather than moving on to Fill phase. If the CAUTION: NEGATIVE UF alarm is bypassed, moves on to Fill phase with partial Fill delivered.
Normal Flow	The Drain will continue with no alarm. If Drain is stopped and bypassed, a partial Fill is delivered.	

* A very small volume of fluid is pushed back to the patient when a Drain ends due to No Flow to verify that the patient line is not occluded. The next Fill begins at this volume.

The Low Fill Mode logic will continue to drain without alarming for lower flow rates when compared to the Standard Fill Mode logic. It also has a Minimum Drain Time setting that must usually be met before the system can move on to Fill. The system can move on to Fill before the Minimum Drain Time has expired if the larger of the Minimum Drain Volume or 100% of the Fill Volume has drained.

The Low Fill Mode is restricted to Fill volumes of 60 mL to 1000 mL. This mode is suitable for patients with small Fill volumes who may normally drain slowly. It is required that the Low Recirculation Volume Set be used with Low Fill Mode procedures.

The Standard Fill Mode Drain Logic can be used for patient volumes ranging from 100 mL to 3000 mL. It has higher Slow Flow alarm thresholds than the Low Fill Mode.

16.14 Replenish Logic

16.14.1 Scheduled Replenish

The system uses the first part of each cycle's Dwell Time to transfer solution from the supply bags to the heater bag. This replaces the solution used during the previous Fill. This is a *scheduled replenish* because it is a planned function of the system. The system does not alarm for a scheduled replenish if the fluid flow slows or stops.

The system stops replenishing if LAST FILL DEXTROSE is set to DIFFERENT when the supply bags (lines with WHITE clamps) run empty. The system alarms REFILL NOT FINISHED if you try to bypass Dwell before replenish has finished.

The system tries to draw fluid from the Last Fill bag line (line with BLUE clamp) when the supply bags run empty and the LAST FILL DEXTROSE is set to SAME. The system never draws fluid from the supply bag line (lines with WHITE clamps) and Last Fill bag line (line with BLUE clamp) at the same time.

16.14.2 Unscheduled Replenish

If the heater bag empties before the end of the Fill phase, the system will usually, but not always, transfer solution from the supply bags to the heater bag in order to complete the Fill phase. This is an *unscheduled replenish* because the heater bag ran dry unexpectedly during Fill.

An unscheduled replenish is performed if the Fill Volume delivered to the patient when the heater bag empties is less than the volumes shown in Table 16-6. If the delivered Fill Volume is greater than the amounts shown in the table, the system considers the Fill complete and transitions from the Fill phase to the Dwell phase.

Table 16-6. Unscheduled Replenish Logic

Fill Descriptions	Unscheduled Replenish
Day Fill 1	Volume Delivered < 90% of Fill Volume
Day Fill 2 and up	Volume Delivered < 100% of Fill Volume
Fill 1 of *n*	Volume Delivered < 90% of Fill Volume
Fill 2 thru *n*-1	Volume Delivered < 100% of Fill Volume
Fill *n*	Volume Delivered < 75% of Fill Volume
Last Fill	Volume Delivered < 75% of Fill Volume

NOTE: An alarm is posted when there is insufficient fluid to complete an unscheduled replenish. This alarm can not be bypassed. To return to Fill, see 15.4.7, *Check Supply Line Alarm During Replenish*, on page 15-57.

16.15 Determining Maximum Fill Volume

Table 16-7 on page 16-19 allows you to determine the highest Fill Volume that can be programmed for a given dry weight. This information allows you to verify that the entered Fill Volume is not accidentally programmed too high for your weight. However, the Fill Volume could still be too high for you or a caregiver's patient. In fact, most patients require a Fill Volume that is much lower than the values listed in this table.

To use Table 16-7, find the row with your weight in pounds (or kilograms) and read across to find the corresponding Fill Volume Limit.

- EXAMPLE: If dry weight is 128 pounds, the Fill Volume Limit is 2500 mL.

If your weight is between the values listed in two adjacent rows, choose the row with *lower* weight and read across to find the corresponding Fill Volume Limit.

- EXAMPLE: If dry weight is 137 pounds, the Fill Volume Limit for 136 pounds is 2600 mL.

Use a Fill Volume Limit of 3000 mL if your weight is 154 pounds (70 kg) or greater.

Table 16-7. Determining Maximum Fill Volume

Weight Pounds (lbs)	Fill Volume Limit Milliliters (mL)
6	100
8	150
10	200
14	300
18	400
22	500
26	550
30	650
34	750
38	850
44	1000
52	1100
56	1200
62	1300
70	1400
76	1500
82	1600
90	1800
96	1900
102	2000
110	2200
118	2300
122	2400
128	2500
136	2600
142	2700
148	2800
154 or above	3000

Weight Kilograms (kg)	Fill Volume Limit Milliliters (mL)
2	100
3	150
4	200
6	300
8	400
10	500
12	600
14	700
16	800
18	900
20	1000
23	1100
26	1200
29	1300
32	1400
35	1600
38	1700
41	1800
44	1900
47	2000
50	2200
53	2300
56	2400
59	2500
62	2600
65	2800
68	2900
70 or above	3000

➤ **NOTE:** These are maximum Fill Volume limits, not recommended values.

16.16 Determining Initial Drain Alarm Volume Settings

Table 16-8 on page 16-21 allows you to determine the Initial Drain Alarm (I-DRAIN ALARM) volume setting based on different percentages of the Last Fill Volume.

To use Table 16-8, identify the row with your Last Fill Volume (mL) and read across to the column with the desired percentage (%) to find the corresponding Initial Drain Alarm volume setting. See Table 9-1 on page 9-10 for recommended percentage based on Last Fill solution Dwell Time.

- EXAMPLE: If your Last Fill Volume is 2000 mL and you desire a limit that is 85% of the Last Fill Volume, your Initial Drain Alarm volume setting is 1700 mL.

If your Last Fill Volume is between the values listed in two adjacent rows, choose the row with *lower* Last Fill Volume and read across to find the corresponding Initial Drain Alarm volume setting.

- EXAMPLE: If your Last Fill Volume is 550 mL and you desire a limit that is 85% of the Last Fill Volume, your Initial Drain Alarm volume setting is 430 mL.

Table 16-8. Initial Drain Alarm Volume Based on % of Last Fill Volume

Last Fill Volume (mL)	70%	75%	80%	85%	90%	95%
60	40	50	50	50	50	60
80	60	60	60	70	70	80
100	70	80	80	90	90	100
120	80	90	100	100	110	110
140	100	110	110	120	130	130
160	110	120	130	140	140	150
180	130	140	140	150	160	170
200	140	150	160	170	180	190
220	150	170	180	190	200	210
240	170	180	190	200	220	230
260	180	200	210	220	230	250
280	200	210	220	240	250	270
300	210	230	240	260	270	290
320	220	240	260	270	290	300
340	240	260	270	290	310	320
360	250	270	290	310	320	340
380	270	290	300	320	340	360
400	280	300	320	340	360	380
420	290	320	340	360	380	400
440	310	330	350	370	400	420
460	320	350	370	390	410	440
480	340	360	380	410	430	460
500	350	380	400	430	450	480
600	420	450	480	500	550	550
continued in next column						

Last Fill Volume (mL)	70%	75%	80%	85%	90%	95%
continued from first column						
700	490	550	550	600	650	650
800	550	600	650	700	700	750
900	650	700	700	750	800	850
1000	700	750	800	850	900	950
1100	750	850	900	950	1000	1000
1200	850	900	950	1000	1100	1100
1300	900	1000	1000	1100	1200	1200
1400	1000	1100	1100	1200	1300	1300
1500	1100	1100	1200	1300	1400	1400
1600	1100	1200	1300	1400	1400	1500
1700	1200	1300	1400	1400	1500	1600
1800	1300	1400	1400	1500	1600	1700
1900	1300	1400	1500	1600	1700	1800
2000	1400	1500	1600	1700	1800	1900
2100	1500	1600	1700	1800	1900	2000
2200	1500	1700	1800	1900	2000	2100
2300	1600	1700	1800	2000	2100	2200
2400	1700	1800	1900	2000	2200	2300
2500	1800	1900	2000	2100	2300	2400
2600	1800	2000	2100	2200	2300	2500
2700	1900	2000	2200	2300	2400	2600
2800	2000	2100	2200	2400	2500	2700
2900	2000	2200	2300	2500	2600	2800
3000	2100	2300	2400	2600	2700	2900

16.17 Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings

Table 16-9 on page 16-23 allows you to determine the:

- Total UF volume setting for a Tidal therapy, or
- UF Target volume setting for the Last Manual Drain

To use Table 16-9, identify the row with your expected UF volume and read across to the column with the desired expected UF volume percentage (%) to find the recommended Total UF or UF Target volume setting.

- EXAMPLE 1: If your expected UF volume for the night portion of therapy is 1300 mL and you desire to program your Tidal Total UF volume at 70% of the expected UF volume, use a Tidal TOTAL UF volume setting of 910 mL.

If your expected UF volume is between the values listed in two adjacent rows, choose the row with the lower expected UF volume and read across to find the corresponding Tidal TOTAL UF or Last Manual Drain UF TARGET volume setting.

- EXAMPLE 2: If your expected UF volume for the therapy is 1350 mL and you desire to program your UF TARGET volume for the Last Manual Drain at 70% of the expected UF volume, your Last Manual Drain UF TARGET volume setting is 900 mL.

Table 16-9. Tidal Total UF and Last Manual Drain UF Target Volume Settings based upon % of Expected UF Volume

	Tidal TOTAL UF Volume Settings (mL)						Last Manual Drain UF TARGET Volume Settings (mL)					
Expected UF (mL)	70%	75%	80%	85%	90%	95%	70%	75%	80%	85%	90%	95%
20	10	20	20	20	20	20	0	0	0	0	0	0
40	30	30	30	30	40	40	50	50	50	50	50	50
60	40	50	50	50	50	60	50	50	50	50	50	50
80	60	60	60	70	70	80	50	50	50	50	50	100
100	70	80	80	90	90	100	50	100	100	100	100	100
120	80	90	100	100	110	110	100	100	100	100	100	100
140	100	110	110	120	130	130	100	100	100	100	150	150
160	110	120	130	140	140	150	100	100	150	150	150	150
180	130	140	140	150	160	170	150	150	150	150	150	150
200	140	150	160	170	180	190	150	150	150	150	200	200
220	150	170	180	190	200	210	150	150	200	200	200	200
240	170	180	190	200	220	230	150	200	200	200	200	250
260	180	200	210	220	230	250	200	200	200	200	250	250
280	200	210	220	240	250	270	200	200	200	250	250	250
300	210	230	240	260	270	290	200	250	250	250	250	300
320	220	240	260	270	290	300	200	250	250	250	300	300
340	240	260	270	290	310	320	250	250	250	300	300	300
360	250	270	290	310	320	340	250	250	300	300	300	350
380	270	290	300	320	340	360	250	300	300	300	350	350
400	280	300	320	340	360	380	300	300	300	350	350	400
420	290	320	340	360	380	400	300	300	350	350	400	400
440	310	330	350	370	400	420	300	350	350	350	400	400
460	320	350	370	390	410	440	300	350	350	400	400	450
480	340	360	380	410	430	460	350	350	400	400	450	450
500	350	380	400	430	450	480	350	400	400	450	450	500
600	420	450	480	510	540	570	400	450	500	500	550	550
700	490	530	560	600	630	670	500	550	550	600	650	650
800	560	600	640	680	720	760	550	600	650	700	700	750

continued on next page

Table 16-9. Tidal Total UF and Last Manual Drain UF Target Volume Settings based upon % of Expected UF Volume *(continued)*

	Tidal TOTAL UF Volume Settings (mL)						Last Manual Drain UF TARGET Volume Settings (mL)					
Expected UF (mL)	**70%**	**75%**	**80%**	**85%**	**90%**	**95%**	**70%**	**75%**	**80%**	**85%**	**90%**	**95%**
900	630	680	720	770	810	860	650	700	700	750	800	850
1000	700	750	800	850	900	950	700	750	800	850	900	950
1100	770	830	880	940	990	1000	750	850	900	950	1000	1050
1200	840	900	960	1000	1100	1100	850	900	950	1000	1100	1150
1300	910	980	1000	1100	1200	1200	900	1000	1050	1100	1150	1250
1400	980	1100	1100	1200	1300	1300	1000	1050	1100	1200	1250	1350
1500	1100	1100	1200	1300	1400	1400	1050	1150	1200	1300	1350	1450
1600	1100	1200	1300	1400	1400	1500	1100	1200	1300	1350	1450	1500
1700	1200	1300	1400	1400	1500	1600	1200	1300	1350	1450	1550	1600
1800	1300	1400	1400	1500	1600	1700	1250	1350	1450	1550	1600	1700
1900	1300	1400	1500	1600	1700	1800	1350	1450	1500	1600	1700	1800
2000	1400	1500	1600	1700	1800	1900	1400	1500	1600	1700	1800	1900
2100	1500	1600	1700	1800	1900	2000	1450	1600	1700	1800	1900	2000
2200	1500	1700	1800	1900	2000	2100	1550	1650	1750	1850	2000	2100
2300	1600	1700	1800	2000	2100	2200	1600	1750	1850	1950	2050	2200
2400	1700	1800	1900	2000	2200	2300	1700	1800	1900	2050	2150	2300
2500	1800	1900	2000	2100	2300	2400	1750	1900	2000	2150	2250	2400
2600	1800	2000	2100	2200	2300	2500	1800	1950	2100	2200	2350	2450
2700	1900	2000	2200	2300	2400	2600	1900	2050	2150	2300	2450	2550
2800	2000	2100	2200	2400	2500	2700	1950	2100	2250	2400	2500	2650
2900	2000	2200	2300	2500	2600	2800	2050	2200	2300	2450	2600	2750
3000	2100	2300	2400	2600	2700	2900	2100	2250	2400	2550	2700	2850

16.18 Default Settings

The following tables show the defaults and setting ranges for the:

- Change Program Menu (Table 16-10, below)
- Make Adjustments Menu (Table 16-11, page 16-27)

Differences between Standard Fill Mode and Low Fill Mode are noted.

➤ **NOTE:** Shaded items may not appear for all therapies, depending on therapy type and other programmable parameters.

Table 16-10. Change Program Menu Defaults

Change Program Menu	Default	Setting Range	For more information see . . .
Therapy	CCPD/IPD	CCPD/IPD, TIDAL, HI-DOSE CCPD, HI-DOSE TIDL	8.4, *Therapy Type,* on page 8-7
Total Volume	200 ML	200 ML – 80,000 ML	Page 8-9 of Table 8-2, Therapy Settings
# of Day Fills	0	1 – 9	Page 8-9 of Table 8-2, Therapy Settings
Day Fill Volume	100 ML	Standard Mode: 100 ML – 3000 ML Low Fill Mode: 60 ML – 1000 ML	Page 8-9 of Table 8-2, Therapy Settings
Therapy Time / Nite Therapy Time	10 MIN	10 MIN – 48 HRS	Page 8-9 of Table 8-2, Therapy Settings
Fill Volume / Nite Fill Volume	250 ML	Standard Mode: 100 ML – 3000 ML Low Fill Mode: 60 ML – 1000 ML	Page 8-9 of Table 8-2, Therapy Settings
Tidal Volume % / Nite Tidal Volume %	95%	40% – 95%	Page 8-10 of Table 8-2, Therapy Settings

Table 16-10. Change Program Menu Defaults *(continued)*

Change Program Menu	Default	Setting Range	For more information see . . .
Total UF / Nite UF	Standard Mode: 1000 ML Low Fill Mode: 400 ML	10 ML – 10,000 ML	Page 8-10 of Table 8-2, Therapy Settings
Last Fill Volume	0 ML	Standard Mode: 0 ML or 100 ML – 3000 ML Low Fill Mode: 0 ML or 60 ML – 1000 ML	Page 8-11 of Table 8-2, Therapy Settings
Dextrose	SAME	SAME, DIFFERENT	Page 8-12 of Table 8-2, Therapy Settings
Full Drains Every	3 (if enabled)	1 – 99 (if enabled)	Page 8-12 of Table 8-2, Therapy Settings
Weight Units	KG	KG, LB	Page 8-12 of Table 8-2, Therapy Settings
Patient Weight	1 KG	1 KG – 990 KG 2 LB – 990 LB	Page 8-12 of Table 8-2, Therapy Settings

Table 16-11. Make Adjustments Menu Defaults

Make Adjustments Menu	Default	Setting Range	For more information see . . .
Adjust Brightness	See system	See system	9.2.1, *Adjust Brightness*, on page 9-3
Adjust Loudness	See system	See system	9.2.2, *Adjust Loudness*, on page 9-4
Auto Dim	NO	YES, NO	9.2.3, *Auto Dim*, on page 9-5
Set Clock	See system	See system	9.2.4, *Set Clock*, on page 9-6
Set Date	See system	See system	9.2.5, *Set Date*, on page 9-7
Initial Drain Time	Low Fill Mode: 0 MIN	Low Fill Mode: 1 MIN – 30 MIN	9.2.6, *I-Drain Time*, on page 9-8
Initial Drain Alarm	Standard Mode: greater of 1400 ML or 70% of LAST FILL VOLUME Low Fill Mode: INVALID SETTING (--) or 70% of LAST FILL VOLUME	Standard Mode: OFF, 0 ML – 3500 ML Low Fill Mode: 0 ML – 1500 ML	9.2.7, *I-Drain Alarm*, on page 9-9
Comfort Control Temperature	36° C	35° C – 37°C	9.2.8, *Comfort Control*, on page 9-12
Last Manual Drain	YES	YES, NO	9.2.9, *Last Manual Drain*, on page 9-12
Last Manual Drain UF Target	0 ML	0 ML – 3000 ML	9.2.10, *UF Target and Alarm*, on page 9-14
Last Manual Drain Alarm	NO	YES, NO	9.2.10, *UF Target and Alarm*, on page 9-14

Section 17

Quick Reference

17 Quick Reference

This section is intended to guide you through common procedures. It should not replace the complete operating instructions contained in the other sections of this guide. Read the entire manual before operating the *HomeChoice* APD system or *HomeChoice Pro* APD system.

Following is a list of the topics covered in this section:

Topic	Page
Prepare for Therapy	17-2
Perform a Hi-Dose Therapy	17-14
End Therapy	17-20

17.1 Prepare for Therapy

1. Gather your supplies.



1 – Solution Bags
2 – Drain Option
3 – Disposable Set
4 – Disconnect Cap(s)
5 – Face Mask(s)

Patient Line Extension, if needed (not pictured)

Check solution bags for SEAL:

- **S**trength
- **E**xpiration Date
- **A**mount
- **L**eaks

WARNINGS
⚠ **The solution bag must be positioned properly on the heater pan. Be sure that the bag completely covers the silver heater sensor button. Additional care should be taken when positioning small solution bags on the heater. If the solution bag is not placed properly, overheated or underheated dialysis fluid can be delivered.**
⚠ **DO NOT use external heating sources (such as a microwave, stove, electric heating pad with an uncontrolled temperature gauge, or immerse in hot water) to warm solution bags. This can result in overheated solution delivered into your peritoneal cavity, causing patient injury.**

2. Place a solution bag on the heater pan.

- Place the edge of the bag against the bag stops on the right side of the heater pan.
- Make sure that the bag completely covers the silver heater sensor button.



3. Turn on the cycler.

- Press the On/Off switch to the ON position.
- Observe that the characters on the display screen turn on and then off for several seconds.
- The current mode (STANDARD MODE or LOW FILL MODE) appears for a few seconds.
- When the system is ready, PRESS GO TO START appears.



⚠ WARNING

Before loading the disposable set, inspect the cassette and tubing for damage. Using a damaged set can result in contamination of the fluid which may result in peritonitis, serious patient injury, or death.

4. Prepare the disposable set.

- Open the packaging by grasping the top and pulling down in opposite directions.
- Close all clamps on the disposable set.



5. Prepare your drain option.



- **For Drain Bag:** close the clamp on the line with the blue pull ring.
- **For Drain Line Extension:** leave the line clamp open.

When a drain line extension is used instead of a drain bag, you must leave a space between the end of the drain line and any fluid in the drain or container.

➤ **NOTE:** Your drain option may be different from the option shown here.

⚠ WARNING

If a disposable set is already present in the cycler, *CLOSE ALL CLAMPS* before you press *GO*. This prevents fluid from flowing from one bag to another, or to the patient, when LOAD THE SET appears. The uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

6. Press *GO* when you are ready to begin.

- LOAD THE SET appears.



7. Open the door.

- Push the handle up to unlock and open the door.



8. Load the cassette.

- The cassette only fits one way, with the lines leading to the right of the cycler.
- Close the door and press the handle down to lock the door.



9. Place the organizer.

- Place the long slot of the organizer over the hook at the top of the door.



10. Attach your drain option.

- **Drain Bag:** close clamp on the short tube to prevent leakage.
- **Drain Line Extension:** remove tip protectors from both ends of drain.

➤ **NOTE:** Your drain option may be different from the option shown here.



11. Open all drain clamps.

12. Press *GO*.

- SELF TESTING appears on the display screen.
- When the self-test is complete, CONNECT BAGS appears on the display screen.



⚠ WARNING

Follow aseptic technique taught by your dialysis center when handling lines and solution bags to reduce the possibility of infection. Always put on a face mask and wash and dry (or disinfect) your hands thoroughly.

13. Put on face mask and wash and dry your hands thoroughly.



14. Connect bags.

- Connect the line with the RED clamp to the heater bag.
- Connect the line with the BLUE clamp to the Last Fill bag.
- Connect the lines with the WHITE clamps to additional solution bags, if needed.
- Break the Frangible. (Luer connections only.)



15. Check connections and open clamps.

- Open clamps only on lines connected to solution bags.
- Make sure the patient line is in the left slot of the organizer.
- Open the clamp on the patient line.



⚠ WARNING

Failure to open the clamp on the patient line after connecting the solution bags will prevent the patient line from being primed. This can cause air to be delivered to you during FILL 1, which can cause shoulder and/or abdominal pain and may lead to serious injury.

16. Press *GO* to begin priming.



17. Priming complete.

- When priming is complete, the display screen alternates between CONNECT YOURSELF and CHECK PATIENT LINE.



⚠ WARNING

Do not connect to your patient line unless the fluid level is at or near the connector at the end of the disposable set patient line. Connecting when air is present will result in sterile air being delivered during the first Fill if there was no Initial Drain. Air introduced into your peritoneal cavity can cause shoulder and/or abdominal pain and may lead to serious injury.

18. Get your transfer set ready.

- Make sure your transfer set is available but do not remove the cap until after you have washed your hands.



19. Put on face mask and wash and dry your hands thoroughly.



20. Connect yourself.

- Remove the **MiniCap** from the transfer set.
- Connect the transfer set to the patient line by removing the pull ring and attaching the transfer set.
- Open the transfer set.



21. Press *GO*.



- Treatment begins with INITIAL DRAIN.

If you perform a Hi-Dose therapy, continue to 17.2, *Perform a Hi-Dose Therapy*, on page 17-14.

If you are not performing a Hi-Dose therapy, skip to 17.3, *End Therapy*, on page 17-20.

17.2 Perform a Hi-Dose Therapy

1. Hi-Dose therapy begins when INITIAL DRAIN is complete.



2. DAY FILL begins automatically when INITIAL DRAIN is complete.



3. During DAY DWELL, you may choose to disconnect yourself from the cycler.



4. If you choose to disconnect yourself:



- Close the transfer set.
- Clamp the patient line.
- Put on face mask and wash and dry your hands thoroughly.
- Disconnect the transfer set from the patient line.
- Immediately connect a **MiniCap** disconnect cap to the transfer set (shown).
- Immediately connect a **FlexiCap** or **OptiCap** disconnect cap to the patient line.

5. Press ▽ to display the elapsed Dwell Time in hours and minutes.



6. When you are ready to continue your therapy, press ▽ until the display reads PRESS GO TO CONTINUE.



7. Press *GO* and the system prompts you to CONNECT YOURSELF.



8. Put on face mask and wash and dry your hands thoroughly.



9. Connect yourself.

- Remove the **MiniCap** disconnect cap from the transfer set.
- Remove the **FlexiCap** or **OptiCap** disconnect cap from the patient line.
- Connect the transfer set to the patient line.
- Immediately open the transfer set.
- Immediately open the patient line clamp.



10. Press *GO* and the system automatically begins DAY DRAIN 1.



11. When DAY DRAIN 1 is complete, the nighttime therapy begins with FILL 1.

– OR –

If more than one Hi-Dose exchange is programmed, the next DAY FILL begins.



17.3 End Therapy

1. The system tells you when your therapy is complete.



2. Press ▽ to view the end of therapy summary information.

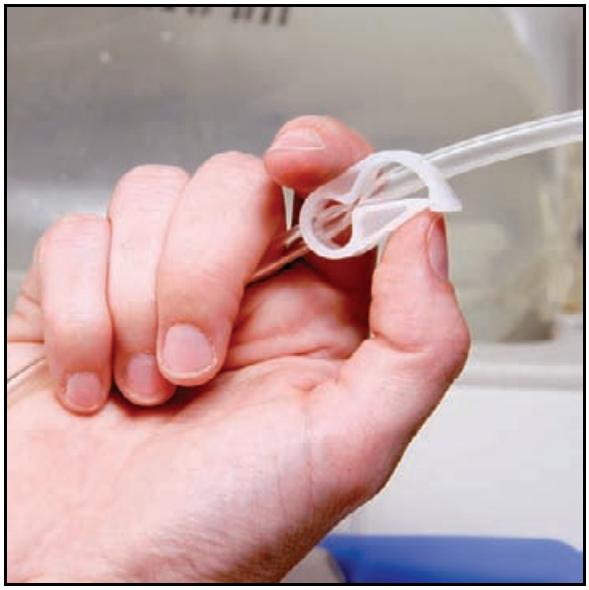
3. Write the following on your treatment record, if required:

- Initial Drain
- Total UF
- Average Dwell Time
- Other data as instructed by your dialysis nurse



4. Press *GO*.

- CLOSE ALL CLAMPS appears on the display screen.



5. Close all clamps!

6. Put on face mask and wash and dry your hands thoroughly.



7. Open a new MiniCap disconnect cap.



8. Disconnect the transfer set from the patient line.

9. Connect a MiniCap disconnect cap to the transfer set.



10. Press *GO*.

- DISCONNECT YOURSELF appears on the display screen.



11. Open the door.

12. Remove and discard the disposable set.

13. Press *GO*.

- TURN ME OFF appears on the display screen.



14. Press the On/Off switch to the OFF position.

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24-hour technical assistance is available for the
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